

34TH ANNUAL UCLA MULTI-CAMPUS FAMILY MEDICINE RESEARCH FORUM



May 22, 2018 The California Endowment, Los Angeles

Keynote Speaker: Steven J. Jacobsen, MD, PhD
“Research in GME: How might we increase the footprint?”



Sponsored by the UCLA Family
Medicine Multi-Campus
Research Committee
uclahealth.org/FMResearchDay

MAP



AGENDA

FACULTY DEVELOPMENT (MORNING SESSION)

(Invitation Only)

TIME	LOCATION	EVENT
8:00AM - 8:30AM	Yosemite Foyer	Breakfast
8:30AM - 9:45AM	Yosemite	What Does Good Resident Assessment Look Like
9:45AM - 10:00AM		Break
10:00AM - 11:15AM	Yosemite	Resident Feedback at its Best

RESEARCH DAY (AFTERNOON SESSION)

(RSVP Required)

TIME	LOCATION	EVENT
11:30AM - 11:45AM	Yosemite Foyer	Arrival and Check-in
11:45AM - 12:00PM	Yosemite Room and Foyer	Lunch and Seating
12:00PM - 12:10PM	Yosemite	Introduction - by Patrick Dowling, MD MPH
12:10PM - 1:00PM	Yosemite	Keynote Speech: Research in GME: How might we increase the footprint? Speaker: Steven J. Jacobsen, MD, PhD Senior Director of Research, Kaiser Permanente So Cal Core Professor, Kaiser Permanente School of Medicine
1:00PM - 1:05PM		Break
1:05PM - 1:50PM	Mojave, Catalina, & Joshua Tree	Poster Session 1
1:50PM - 2:25PM	Yosemite	Lectern Session 1 (Intro by Tipu Khan, MD)
2:25PM - 2:30PM		Break
2:30PM - 3:15PM	Mojave, Catalina, & Joshua Tree	Poster Session 2
3:15PM - 4:00PM	Yosemite	Lectern Session 2 (Intro by Bruno Lewin, MD)
4:00PM	Yosemite	Raffle Winners Announced

ABOUT THE COMMITTEE

Central to family medicine training programs is developing family physicians who will embody a number of specific virtues including: excellence in clinical medicine, patient centered practice, and critical skills to enable them to maintain a practice consistent with evidence-based medicine. Scholarly activities, including research, foster a more active, individually driven element in family medicine residencies. Research reflects the knowledge derived from working with primary care, practice-based populations and increasingly is viewed as a key component of family medicine training, education, and practice. The UCLA Department of Family Medicine has a commitment to promoting research on important issues related to improving care provided to patients seen in family medicine and primary care settings.

The UCLA Family Medicine Multi-Campus Research Committee (MRC) was established over 30 years ago to help promote this commitment. Formed by the UCLA Department of Family Medicine and affiliated residency programs, the MRC has held annual research forums to facilitate the exchange of scholarly activities among the residency programs and highlight the creative work conducted by residents, fellows, faculty, and medical students. This forum fosters the understanding that the best practice of Family Medicine and pursuit of health demands an active engagement with one's community - a role of leadership with respect to a community of colleagues, of patients, and of the population at large.

UCLA Family Medicine Multi-Campus Research Committee Members:

John Cheng, MD
Harbor-UCLA Medical Center

Parastou Farhadian, MD
Riverside County Medical Center

Lillian Gelberg, MD
UCLA Department of Family Medicine

Monique George, MD
Kaiser Permanente Woodland Hills

Mandeep Ghuman, MD
Dignity Health – Northridge Medical Center

Tipu Khan, MD
Ventura County Medical Center

Chris Kuhlman, MD
Dignity Health – Northridge Medical Center

Bruno Lewin, MD DTMH
Kaiser Permanente Los Angeles

Chun Curtis Lin, DrPH
Pomona Valley Hospital Medical Center

Aurelia Nattiv, MD
UCLA Dept. of Fam. Medicine, Div. of Sports Medicine

Steve Shoptaw, PhD
UCLA Department of Family Medicine

Laura W. Sheehan (Administrative Coordinator)
UCLA Department of Family Medicine

KEYNOTE

Research in GME: How might we increase the footprint?



STEVEN J. JACOBSEN, MD, PHD

Steven J. Jacobsen, MD, PhD, is the Senior Director of Research for Kaiser Permanente Southern California and a Core Professor in the new Kaiser Permanente School of Medicine. He is a chronic disease epidemiologist with interests in men's urological health, cardiovascular diseases and vaccines. Prior to joining Kaiser Permanente in 2006, Dr. Jacobsen was Professor and Chair of the Division of Epidemiology in the Mayo Clinic College of Medicine. Dr. Jacobsen received his M.D. and M.S. in biostatistics from the Medical College of Wisconsin and his Ph.D. in Public Health Sciences (Epidemiology) from the University of Illinois at Chicago. He has authored/co-authored over 500 papers in the peer-reviewed literature and has served on numerous editorial boards and NIH study sections/panels.

LECTERNS

SESSION 1

(1:50PM – 2:25PM)

ABSTRACT TITLE: Is Marathon Training Safe for Adolescents?

AUTHORS: Emily Miller MD¹, Jennifer Beck MD², Summer Runestad ATC², Rebecka Serpa², Sophia Sangiorgio PhD², Joshua Goldman MD, MBA^{1,2}

AFFILIATIONS: 1 UCLA Division of Sports Medicine, Department of Family Medicine; 2 Orthopedic Institute for Children

INTRODUCTION: Students Run LA (SRLA) is a non-profit organization that mentors youth during an eight-month marathon training program. While there are many program benefits, little is known about the safety of distance running in adolescent athletes. This pilot study sought to determine the types and rates of injuries in a subset of SRLA participants.

METHODS: From August 2016 - March 2017, weekly injury reports were digitally collected by volunteer coaches from 17 high schools and 9 middle schools. Data collection included demographics, injury type, severity, acuity, time off and training mileage.

RESULTS: Data were collected on 408/2765 (14.8%) of total SRLA participants. 404/408 (99%) completed the marathon. 47/109 (43%) injuries occurred in middle school students, 91/299 (30%) in high school students. Mean age was 15.5 (SD 1.9). 62.2% of injuries occurred in females, 32.5% in males. 52.7% of injuries were acute, 36.9% chronic. 42% of injuries were associated with time off. The most frequently reported sites of injury were the knee (45%), leg (14%), and ankle (10%). Average mileage the week of injury was similar in middle and high school students (22.6 ± 10.1 vs. 22.5 ± 7.8) as well as males and females (22.6 ± 8.7 vs 22.4 ± 8.1).

CONCLUSIONS: Female and middle school students were more likely to be injured over the course of a marathon training cycle. Injuries occurred at similar weekly mileage in all participants. 99% of study participants successfully completed the marathon, a higher completion rate than in adults. This pilot study represents one of the largest descriptions of injury prevalence in youth distance running.

CASE REPORT TITLE: Near Term Abdominal Pregnancy: A Case Report

AUTHORS: Claire Stefl, MD; Kristin H King, MD; Tipu V Khan, MD

AFFILIATIONS: Ventura County Family Medicine Residency

ABSTRACT / INTRODUCTION: Abdominal pregnancy is a rare form of ectopic pregnancy, occurring in 1 in 8000-10000 spontaneous pregnancies and resulting in fetal death in up to 95% of cases with maternal death estimated in 5-20% of cases. Primary abdominal pregnancy is implantation on peritoneal surface and is the rarest form of ectopic pregnancy. Secondary abdominal pregnancy is implantation on the fallopian tube is more common, although still rare.

CASE REPORT (METHODS / RESULTS): 39 year old G5P1022 female with history of methamphetamine use at 8-9 months gestation brought in to the ED with abdominal pain and dyspnea. She had been seen one day prior with documented fetal heart tones. She suffered cardiac arrest and was resuscitated. She was transferred to the ICU. An US showed no fetal cardiac activity. She was treated for multi organ failure secondary to pneumonia. CT head suggested cerebral edema with possible herniation. She developed ventricular fibrillation and died. On autopsy, an extra-uterine pregnancy with fetus that was near term was noted. She received minimal prenatal care but had 3 formal ultrasounds showing grossly normal anatomy and fetal cardiac activity but no mention of abnormal findings.

Cause of death found to be placental abruption with acute meth intoxication. Fetal autopsy revealed a 34-36 week anatomically normal fetus in the abdominal cavity.. The placenta implanted on the exterior lower uterine segment near previous cesarean scar.

DISCUSSION/CLINICAL SIGNIFICANCE: Abdominal pregnancy, a rare type of ectopic pregnancy, occurs in 1.3% of all ectopic pregnancies - that is 1 in 8000 of all pregnancies. An abdominal pregnancy may reach advanced gestational age, but a viable fetal outcome is unlikely. Approximately 20% of all reported cases of abdominal pregnancy are complicated by maternal death usually secondary to uncontrolled hemorrhage. It has been questioned whether a malformed uterus or anatomical defect increases the chance of an ectopic pregnancy or effects the site of implantation. Diagnosis of primary abdominal pregnancy is challenging as it is often missed on ultrasound if suspicion is low. Clinicians should consider the possibility of extrauterine pregnancy in patients who have risk factors for ectopic pregnancy or a history of uterine trauma.

ABSTRACT TITLE: Evaluation of Healthy Balance Weight Management Program

AUTHORS: Joshua Istrin, MD, RD, Monique George, MD

AFFILIATIONS: Kaiser Permanente Southern California (KPSC) Woodland Hills Family Medicine Residency

INTRODUCTION: Health providers in the United States routinely offer weight management programs to help treat obesity and related health outcomes. KPSC, a large integrated healthcare system, offers a weight management program called Healthy Balance (HB). The goal is to achieve 3-5% weight loss. The aim of the study was to determine the percent weight loss after 6 and 12 months. Comparison was made between participants who completed 14 classes within 6 months and those who did not.

METHODS: This retrospective cohort study examined the effectiveness of HB on percentage weight loss. The program utilized behavioral modification techniques. The study used the KPSC research data warehouse to capture health care utilization, ethnicity, and vital sign data to identify patients who attended HB Program and determined outcomes. Patient demographics and comorbidities were compared by using the Chi-square test for categorical variables and the Wilcoxon rank sum test for continuous variables. The difference of percent weight change between comparison groups and 95% CI were estimated using ANOVA.

RESULTS: After 6 and 12 months, mean percent weight changes were -1.11% and -0.70% for HB<14, and -4.99% and -4.15% for HB≥14. In adjusted analysis, the HB≥14 compared with the HB<14 group lost 3.88% (95%CI: 4.16, 3.61) and 3.45% (95%CI: 3.84, 3.05) at 6 and 12 months respectively. In adjusted analysis, in both the HB<14 and HB≥14, White, compared to Black or Hispanic was independently associated with greater 6 mo weight loss (P < 0.001). A BMI in the obese range was associated with greater weight loss at 6 and 12 months (P < 0.05) in the HB≥14 compared with overweight. White was also associated with greater weight loss compared with Black or Hispanic.

CONCLUSIONS: The HB program was effective in reducing percent body weight in participants who completed ≥14 sessions. The program was more successful in White compared to Black or Hispanic participants. The program was more effective for participants with a BMI>30 compared to those with BMI 25-29.9. More research is needed to identify the cause of weight loss differences between participants of various ethnic backgrounds.

LECTERNS

SESSION 2

(3:15PM – 4:00PM)

ABSTRACT TITLE: Water Justice in Watts, CA: A Case Study in Community-Based Participatory Research

AUTHORS: Jennifer auf der Springe, MD, MPH; Jyoti Puvvula, MD, MPH

AFFILIATIONS: Harbor-UCLA Family Medicine Residency Program

INTRODUCTION: In 2013, the CA Water Code was updated to recognize “safe, clean, affordable, and accessible water adequate for human consumption, cooking, and sanitary purposes” as a human right. Three years later, a door-to-door Health Needs Assessment conducted by the Harbor-UCLA Family Medicine Department in the community of Jordan Downs found that many residents still do not have access to this right.

METHODS: Employing the principles of community-based participatory research (CBPR), residents, community organizations, public health researchers, and medical providers collaborated to explore health status, access to healthcare, housing conditions, and environmental concerns among residents of the Jordan Downs Housing Projects in Watts, CA. An in-person survey was conducted at randomly selected households with children, and questions pertaining to a random eligible child were directed to the primary caregiver in English or Spanish, per his or her preference. Results were presented at a Health Summit to residents and other stakeholders in June 2017.

RESULTS: Preliminary results (N=78) showed 82% of households were Latino and 17% were African American. Nearly half (47%) were led by a single parent, and 87% had an estimated income of less than \$30,000/year. Ninety-one percent had seen their tap water run brown, rust-colored, dirty, or murky; 95% did not feel safe drinking it; and 61% did not feel safe cooking with it. The Health Summit allowed residents to address their concerns directly with local water companies. A working group was then formed to further investigate, and later set up community education events, designed a process to analyze tap water samples, and advocated for legislative change.

CONCLUSIONS: The CBPR approach can be used not only to collect meaningful data regarding health equity, but also to facilitate mutual learning between researchers and community members, develop partnerships between stakeholders from traditionally antagonistic backgrounds, and leverage quantitative data in combination with community voices to effect lasting change.

ABSTRACT TITLE: Comparison of a Didactic Session to Computer Algorithm in Hospital Glycemic Management

AUTHORS: Wendy Mak, D.O.; Angela Sohn, D.O.; Amber Williams, D.O.; Mark Amico, M.D.

AFFILIATIONS: Dignity Health Northridge Hospital Medical Center

INTRODUCTION: Hyperglycemia is a costly health concern in hospitalized patients due to increased length of stay and morbidity. To improve hospital glycemic management (HGM), Dignity Health Northridge Hospital implemented EndoTool, computer software that provides algorithmic insulin dosing. Before EndoTool initiation, we measured the effectiveness of a didactic session for FM residents on HGM. We hypothesized improved HGM after each intervention.

METHODS: A lecture reviewing BG goals and guidelines was presented to FM residents during a conference session. Effectiveness of this didactic session alone was compared to EndoTool by assessing HGM, as measured by frequency of hyper- and hypoglycemia and mean blood glucose (BG) in four 2-week periods. These assessment periods are: A) 2 weeks prior to didactic session, B) 2 weeks after didactic session, C) 6 weeks after didactic session, and D) 2 weeks after EndoTool. Data was extracted from Cerner EHR and only BG measurements from patients under the care of the FM residency service were included.

RESULTS: Out-of-range BG compared to in-range BG in each group was done by ANOVA analysis. Mean BG between groups was similarly compared. Out-of-range episodes after EndoTool showed a 5.2% reduction (A vs D). Reduction of 14.3% was found between group B and D and 10.3% between group C and D. Similar reduction was not seen with didactic intervention (A vs B). There was a trend towards significance in out-of-range episodes between groups B and D ($p=0.1$) and group C and D ($p=0.4$). Mean BG among groups were not significantly different ($p=0.6$). Mean difference between group A and B was 10.8 and A and D was 3.2. No intervention significantly improved HGM.

CONCLUSIONS: No improvement was seen in HGM despite focused education and computer software. Several factors limited our study, including resident comprehension, short study intervals, and patient comorbidities. The study demonstrated that early results of computer algorithms did not improve HGM when compared to focused resident education. Continued and frequent education on HGM for FM residents is necessary for improved patient care.

ABSTRACT TITLE: Appearance and Performance-Enhancing Drugs among Co-Ed College Athletes in the Los Angeles Metro Area: Evaluating Prevalence

AUTHORS: Oluyemi Ajirotutu MD, Branden Turner MD, John Su MD, MPH

AFFILIATIONS: Kaiser Permanente Los Angeles Medical Center, Department of Family Medicine, Department of Sports Medicine

INTRODUCTION: The National Collegiate Athletic Association (NCAA) defines performance-enhancing drugs as substances that enable the athlete to achieve an otherwise unattainable level of performance. In 2014, the NCAA did a national study on substance abuse in college-student athletes at the Division 1-3 levels. They did not however include athletes enrolled at 2-year institutions in the national study.

METHODS: A cross-sectional survey study was performed using data collected from surveys that were distributed and collected from student athletes aged 18 and over attending the athletic training room at 2 local community colleges in the Los Angeles Metro Area between October 2017 and April 2018. The questionnaire explores attitudes regarding body image and usage of various types of appearance and performance-enhancing drugs. Chi-square and Fisher exact tests were used to analyze the data between the 2 different groups of athletes between the 2 schools.

RESULTS: 104 surveys were collected from co-ed athletes from two area community colleges. 49% of athletes were female. The average age is 20.62 +/- 3.5. 33.6% of responses came from one institution and 66.3% from the other. 47% of athletes used OTC substances to enhance their appearance (p -value $<.001$) with 40% using while in college and 64% using while in-season for their sport. Only 9% of athletes used prescription drugs to enhance their appearance with 33% using in college and 22% using while in season. Notably, almost half of all respondents used marijuana at some point in their lifetime with another 26% using while in season.

CONCLUSIONS: Our survey data reflects a difference between athletes who used OTC drugs for appearance over performance enhancement 47% vs 29% respectively and an even smaller difference between the athletes who used illicit drugs for appearance vs performance enhancement 9% vs 7% respectively. This may reflect a stronger desire among co-ed student athletes at 2-year institutions to enhance their appearance more than athletic performance.

ABSTRACT TITLE: The Heart Failure Readmission Rate Reduction Project (HF-RRR): Resident Physician initiated Patient Support System to Educate and Monitor Post Hospitalization Preliminary Data Presentation

AUTHORS: Nicole Syed, MD1; Van T. La, DO, MPH2; Austin Evans, MD2; Edward Lin, DO1; Crystal Nguyen, MD1; Armond Ohanian, MD1; Rajagopal Krishnan, MD3; Departments of Family Medicine1, Internal Medicine2, and Cardiology3,

AFFILIATIONS: Riverside University Health System Medical Center, Moreno Valley, CA
University of California, Riverside, Riverside, CA

INTRODUCTION: Heart failure (HF) is associated with significant morbidity, mortality, and cost. Twenty-five percent of patients hospitalized for HF in California are readmitted within 30 days. At Riverside University Health System (RUHS), the risk-adjusted 30-day readmission rate for HF was 21.6% from 2011 - 2014. This project attempts to reduce readmission rate by at least 50% within 30 and 90 days from hospitalization through resident initiated phone calls.

METHODS: This prospective study aims to sequentially place 356 patients hospitalized with heart failure to the intervention or control arm. For patients in the intervention arm, resident physicians will call at seven, 30, and 90 days after discharge to assess if they understood their diagnosis, had any symptoms of exacerbation, and adhered to medication and dietary recommendations. A 20-question survey is completed during each phone call. At 30 and 90 days post-discharge, the patients' charts are reviewed to determine if readmission for HF occurred at RUHS. The readmission rate will be analyzed by chi-square χ^2 analysis ($\alpha=0.05$). The study was approved by the Institutional Review Board of RUHS.

RESULTS: 76 patients have been enrolled thus far. 45 patients have completed follow-up per protocol. 9.1% (2/22) of the intervention arm were readmitted within 30-day of discharge compared to 23.5% (4/21) of the control arm, (p-value 0.538). Two patients were lost to follow-up. Analyses of the secondary outcome comparisons were not performed due to small patient sample.

CONCLUSIONS: Current completed cohort size is too small to make meaningful statistical analysis, alluding to a type 2 (beta error). However, with an effect size of 2, we are encouraged to continue with the project. We believe that our efforts in educating patients to stay on their treatment program designed by their physicians will have a positive impact in reducing HF readmission rate.

POSTERS

SESSION 1

(1:05PM – 1:50PM)

CATALINA ROOM

ABSTRACT TITLE: Hepatitis C Screening in UFHC Baby Boomers to decrease disease prevalence

AUTHORS: Angela Sepulveda, MD, Isidro Murillo and Christian Castellanos

AFFILIATIONS: UCLA Division fo Infectious Disease

INTRODUCTION: An estimated 2.7-3.9 million people in the United States have chronic hepatitis C. Of these, ~93% develop chronic liver disease, ~26% develop cirrhosis and ~6% die from cirrhosis or liver cancer. The CDC and USPSTF recommend a one-time screening test targeting Baby Boomers because of higher disease prevalence in that population. Because of this, we initiated a performance improvement project aimed at educating and screening our UFHC Baby Boomer population.

METHODS: We performed a cross-sectional study identifying the UFHC's Baby Boomer population using birthdate and primary care clinic as criteria. After assembling a team to analyze the data, patients were classified as either having prior HCV screening or not. Hepatitis C Ab screen with Reflex to PCR RNA and Genotype was ordered for patients with no history being tested. Next, we created a standardized phone and letter script to call all of our Baby Boomer population and inform of HCV disease, screening opportunities and offer a scheduled laboratory appointment. We also prescribed on-line patient education modules to our target population.

RESULTS: There was a total of 518 Baby Boomers assigned to UFHC when we collected our data. Twenty-three patients were excluded because they no longer had UCLA medical coverage, moved or were deceased. Of the 495 patients included and contacted by phone, only 153 answered. After performing a snapshot of a month period, which included 362 of the 495 patients, 73% of patients had no upcoming appointments at UFHC (missed opportunity), 16% did schedule their HCV screening exam and 12% had appointments at other facilities. At a 7 month follow-up of screening exams performed on Baby Boomers at UFHC, 29% were tested and 71% not tested.

CONCLUSIONS: Of the 495 UFHC Baby Boomers contacted, only 29% had their HCV screening performed; 71% still need screening. From the time snapshot, we identified 73% missed opportunities to test while at our clinic. Additionally, even though phone calls were more effective in attainment of screening, they yielded less than half of our total target population, indicating the need for more effective methods to encourage screening.

ABSTRACT TITLE: Improve PHQ-9 Utilization in the Family Medicine Department

AUTHORS: Rebecca Berke, MD; Michael Lynch, MSLM, PMP; Manoj Gupta, ASQ, BB, PMP; Michael Falk, MBB, MSQA; Monique George, MD, Kathleen Dor, MD; Shaadi Azadeh, MD; Judith Disterhoft, MD; Jose Garcia, MD;

AFFILIATIONS: Kaiser Permanente Family Medicine Department and Residency Program, Kaiser Permanente Woodland Hills

INTRODUCTION: Patients diagnosed with depression require prompt recognition of the severity of their depression and appropriate treatment to ensure relief from depression. Use of a standardized tool, in this case the PHQ-9, helps physicians' assess the severity of the depression, suicide risk and the degree of a patient's functional impairment. Our goal was to improve use of this important, but often under utilized screening tool.

METHODS: : In conjunction with our project analysts, problem solving sessions were arranged to decide how we could remove barriers to providing this screening tool, educate our physician and back office staff about the importance of this tool, and how to administer and record the results. Training sessions for the back office staff were provided and paper PHQ forms were placed in every patient room. When indicated by a depression diagnosis or symptoms complaint, physicians or back office staff would be prompted to administer a PHQ9. The physicians were sent weekly e-mails to track their PHQ9 usage rates and any missed PHQ9 screening opportunities.

RESULTS: While the weekly rates of PHQ-9 administration varied, the average administration improved from 33% to 69% when compared to the start of the project in April 2017 to its conclusion in September 2017.

CONCLUSIONS: Usage rates of the PHQ9 screening tool significantly increased within our family medicine department during the project period. However, while overall usage rates improved, PHQ9 usage rates continue to vary widely week to week. Barriers continue to be maintaining a constant supply of PHQ9 questionnaires in every room and ensuring the physicians consistently use this tool when appropriate.

CASE REPORT TITLE: Bilateral Knee Pain in a Young Male Patient

AUTHORS: Oluyemi Ajrotutu, MD and Michael K. Fong, MD

AFFILIATIONS: Kaiser Permanente Los Angeles Medical Center, Sports Medicine Department

ABSTRACT / INTRODUCTION: Knee pain accounts for ~1/3 of musculoskeletal problems in primary care settings. Additionally, a significant percentage of patients seen in sports medicine clinic present with knee pain however a smaller portion present with bilateral symptoms. A 34-year old male presented to sports medicine clinic with bilateral knee pain for ~6-7 months

CASE REPORT (METHODS / RESULTS): The patient describes achy anterior knee pain, worse in the morning and after standing all day. He reports associated swelling. He denies trauma or pain in any other joints. His pain is not improved with NSAIDs however is improved with oral steroids. There is no family history of autoimmune conditions or joint disease. On exam, there are visible and palpable effusions of the knee bilaterally, mildly reduced ROM: 0-90 on the right and 0-110 on the left. Otherwise, the exams were unremarkable. X-rays of the bilateral knees reveals mild bony degenerative changes within the bilateral medial femoral tibial compartments with marginal sclerosis and slight joint space narrowing.

Laboratory tests reveal negative ESR and rheumatoid factor. Bilateral knee aspirates were negative for infectious or inflammatory processes. MRI of bilateral knees demonstrate joint effusions with synovitis and frond-like synovial thickening consistent with pigmented villonodular synovitis.

DISCUSSION/CLINICAL SIGNIFICANCE: Pigmented villonodular synovitis (PVNS) is a condition resulting in a villous, nodular, or villonodular proliferation of the synovium with some pigmentation associated with the presence of hemosiderin. This disease entity occurs in various joints and within all ages but most often occurs in the knee of the young adult in the 3rd or 4th decade of life. Incidence is ~ 1-2 per million persons in the US. PVNS is a rare condition and even more rare is bilateral synchronous (like in my patient) or metachronous joint involvement. Treatment includes resection of the synovium via arthroscopy with adjuvant radiotherapy. Sequelae include stiffness, joint destruction, and rarely malignant transformation. Recurrence is higher in cases when simple synovectomy is performed.

ABSTRACT TITLE: NSAID Use and Functional Outcomes after Achilles Tendon Rupture

AUTHORS: Vanessa Franco, Marissa Vasquez, and Michael Fong

AFFILIATIONS: Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: After an Achilles tendon rupture, patients are often given non-steroidal anti-inflammatory medications (NSAIDs) for pain control. The effects of NSAIDs on tendon recovery are unclear, but in vitro studies suggest that NSAIDs may impair healing. Here, we sought to determine whether NSAID use after

Achilles tendon rupture was associated with worse functional recovery and a higher incidence of tendon re-rupture. We also examined sex-specific differences in recovery after Achilles rupture.

METHODS: Adult patients presenting to Kaiser Permanente in Southern California between 01/01/14 and 12/31/15 for Achilles tendon rupture were asked to complete an online survey in March 2018 to determine NSAID use at the time of injury as well as their current degree of recovery. Recovery was assessed using three primary outcomes: 1) Functional recovery (using the Achilles Tendon Total Rupture Score or ATRS), 2) The duration of time it took to walk again normally, and 3) The incidence of Achilles tendon re-rupture. These three outcomes were compared across NSAID users and non-users, as well as across males and females.

RESULTS: Surveys were sent to 1086 patients. Of those, 189 replied but 67 were excluded, leaving 122 patients. Thirty patients were female. Sixty-one patients reported NSAID use, while 61 patients reported no NSAID use. NSAID use tended to be associated with a lower ATRS score($p=0.11$), a longer duration to walk normally($p=0.56$), and a higher incidence of re-rupture($p=.08$), but none of these comparisons reached significance. Females had significantly lower ATRS scores than males($p=.016$). There was a trend towards lower ATRS score and longer time to walk in females who used NSAIDs compared to males who used NSAIDs, but this was not significant($p=.26$).

CONCLUSIONS: NSAID use after Achilles tendon injury tended to be associated with worse recovery and a higher incidence of re-rupture, but this was not significant. Females did report worse ATRS scores after Achilles tendon rupture than males. NSAIDs tended to impair recovery more in females, but this did not reach significance. These trends necessitate prospective studies examining how NSAIDs and sex impact tendon healing.

CASE REPORT TITLE: Inpatient buprenorphine induction as medication-assisted treatment for opioid use disorder while undergoing inpatient treatment for bacterial endocarditis

AUTHORS: Annie Chang, MD, MS, Tipu V. Khan, MD, FAAFP

AFFILIATIONS: Ventura Family Medicine Program (VCMC)

ABSTRACT / INTRODUCTION: A 27 year old female with history of polysubstance IVU was hospitalized from 1/15/17–3/15/17 for bacterial endocarditis. During her hospitalization, the inpatient team worked to understand the history of her opioid use disorder, barriers to sobriety, and social factors that heightened and perpetuated risk. She underwent buprenorphine induction, stabilization, and linkage to primary care after discharge and remains sober.

CASE REPORT (METHODS / RESULTS): A 27 year old female with history of polysubstance IVU was hospitalized for bacterial endocarditis with life-threatening complications: tricuspid valve vegetation requiring valve repair, septic pulmonary emboli, and empyema requiring VATS/thoracotomy/open decortication. She had a high opioid tolerance, even after her acute surgical pain was managed. She has been using injected heroin and oral opioids for over 10 years, and wanted to quit opioids all together. Addiction medicine was consulted, and started induction with buprenorphine to address her opioid dependency. She was stabilized on buprenorphine which managed her opioid cravings and withdrawal symptoms. During her prolonged hospitalization, the inpatient care team worked to understand her opioid use history, barriers to sobriety, and helped to address high-risk social factors (homelessness, estrangement from family, lack of social support). Since discharge with linkage to primary care, she has remained sober from opioids.

DISCUSSION/CLINICAL SIGNIFICANCE: This case study demonstrates that non-treatment seeking persons hospitalized for medical conditions related to opioid use disorder can benefit from inpatient buprenorphine induction as medication-assisted treatment for opioid use disorder. Lessons learned from this case study include: 1) patients with opioid use disorder who are hospitalized should be offered treatment, 2) the inpatient setting represents a unique environment to induce and stabilize long acting opioid medications such as buprenorphine, 3) upon discharge, patients can be linked to longer-term opioid agonist treatment (OAT) in the primary care setting, and 4) inpatient care teams can help to understand and address complex social factors that heighten and perpetuate risk for opioid use.

ABSTRACT TITLE: Premedical Students' Knowledge and Attitudes About Family Medicine

AUTHORS: Sofia Radillo MD, Cindy Yang MD, Matthew Melchione DO, Janet Li DO

AFFILIATIONS: Northridge Family Medicine Residency – UCLA affiliated

INTRODUCTION: Despite the increased demand for primary care physicians only 20% of medical students are choosing primary care careers. This may be attributed to lack of knowledge, negative views or common misconceptions about Family Medicine. Our project assessed premedical students' knowledge and attitudes about Family Medicine before and after an Educational Workshop designed to raise awareness and promote early interest in the specialty.

METHODS: Before and after an Educational Workshop for college pre-medical students (that included a presentation about the scope & practice of Family Medicine and a Q&A session with family physicians), all students completed a 20-item survey that measured knowledge and attitudes about Family Medicine on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). We also collected demographic data for age, gender, ethnicity, if any family members work in the health profession or are family physicians. Survey responses were analyzed to compare changes in student attitudes and perceptions about Family Medicine pre- and post-workshop.

RESULTS: Post-workshop, 24% more premed students expressed interest in a Family Medicine career, with a greater increase among males, and a 16% rise in students viewing FM as a well-respected field and a vital part of the health care system. Post-workshop, attitudes toward family physician expertise and lifestyle also improved: 22% more students acknowledged FM physicians are more capable at providing holistic, comprehensive care of complex diseases; 40% more credited FM physicians with skills to perform different procedures; 20% more recognized that FM physicians are in high demand; and 32% more agreed that FM physicians have better work-life balance.

CONCLUSIONS: This workshop clarified common misconceptions about the scope and practice of Family Medicine and substantially increased the percentage of students with favorable attitudes toward the specialty. These positive attitude changes confirm that early intervention in the form of educational workshops during the premedical years is key to shaping student perceptions about Family Medicine and promoting early interest in the field.

CASE REPORT TITLE: Generalized Tonic-Clonic Seizures due to Inadvertent Intrathecal Injection of Non-Ionic Contrast Material

AUTHORS: Choi, Jin D.O., Gezalian, Michael M.D., Williams, Amber D.O.

AFFILIATIONS: Dignity Health Northridge Family Medicine Residency, Loma Linda University Neurology Residency

ABSTRACT / INTRODUCTION: This is a case of a patient who presented to the emergency department with generalized tonic-clonic seizures after having a fluoroscopy-guided epidural steroid injection for his low back pain with radiculopathy symptoms, during which a non-ionic contrast agent was used to better visualize the injection site.

CASE REPORT (METHODS / RESULTS): A 34 year old male with a history of lumbar disc herniation and discectomy presented to the emergency department with several episodes of generalized tonic-clonic seizures within an hour after undergoing a fluoro-guided lumbar epidural steroid injection with a use of Omnipaque (Iohexol) contrast for localization. He had about five episodes of seizures within a span of several hours, with each episode lasting from one to three minutes, returning back to his baseline between each episodes. The CT of the head revealed an extensive hyperdensity within the subarachnoid space in the posterior fossa of the head, which suggested possible presence of intrathecal contrast material. Despite aggressive medical treatments in the ICU, his seizures continued overnight. He was thus transferred to a larger tertiary care facility for higher level of care. After being transferred, he received further aggressive management for his seizures in the neuro-intensive care unit until his seizures finally resolved.

DISCUSSION/CLINICAL SIGNIFICANCE: Radiocontrast materials are often used during epidural steroid injections with either X-ray or CT to better localize the injection site. It is recommended not to use any ionic,

hyperosmolar contrast materials due to their known possible neurotoxicity. They can cause serious adverse events such as seizures (ex. ascending tonic-clonic seizures) and even death. In this case, the patient had undergone an epidural steroid injection with a use of Omnipaque (Iohexal), a non-ionic, low-osmolar contrast material, which is generally considered safe to use during these type of procedures and in other imaging techniques that involve the CNS. This patient's case was a very rare complication following a very common procedure using a contrast material that is generally known to be safe in these procedures.

ABSTRACT TITLE: Opioid Misuse among Latino Primary Care Patients in Los Angeles

AUTHORS: Rico M(1), Okafor C(1), Gelberg L (1,2)

AFFILIATIONS: 1. Department of Family Medicine, David Geffen School of Medicine, University of California-Los Angeles. 2. Department of Health Policy & Management, Fielding School of Public Health, University of California-Los Angeles

INTRODUCTION: 52,404 deaths were caused by drug overdose in the US in 2015. Opioid misuse is driving this epidemic with 33,091 (63.1%). The rate of overdose deaths among Hispanics increased an average of 2% per year from 1999-2015 (5.4 to 7.7 deaths per 100,000). Given these rates of opioid misuse and overdose deaths, in this paper, we examine the rates and correlates of opioid misuse among Latino primary care patients and the patterns of polysubstance misuse that could put them at greater risk for overdosing.

METHODS: A Cross-sectional study investigating opioid use in two primary care clinics of a federally qualified health center (FQHC) in Los Angeles.

Participants: 2,504 adult patients in the clinic waiting rooms eligible to be screened with the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (88.8 % response rate). Patients anonymously self-administered a computerized version of the WHO ASSIST from March to October 2013.

RESULTS: Mean age was 38.8 years, 92.7% were Latino and 67% female. 4.6% (n=106) of patients misused opioids (moderate-to-high risk level; ASSIST >4). Many moderate-to-high risk opioid users, were using other substances at a risky level: 53% marijuana, 45% alcohol (ASSIST >12), and 40% sedatives. In the logistic regression analysis, females had a lower odds (adjusted odds ratio (AOR) = 0.63, 95% confidence interval (CI): 0.49, 0.81; p<.001) of moderate-to-high opioid use than males and patients who were born in the United States (vs. foreign born), had higher odds (AOR= 3.55, 95% CI: 2.68, 4.70; p<.001) of moderate-to-high opioid use.

CONCLUSIONS: Opioid misuse was 3x higher than the rates of current nonmedical use of opioids in the general adult population aged 26 or older (4.6% vs. 1.4%). Prevention services for opioid misuse should be considered as part of primary care routine care. Moreover, understanding the patterns of opioid misuse in Latino primary care patients could enhance the design of culturally-tailored and gender-sensitive behavioral interventions.

JOSHUA TREE ROOM

ABSTRACT TITLE: Systemic Use of Code Cards in Rapid Responses and Code Blues

AUTHORS: Jasmine Lee MD, Kristin Masukawa MD, Jason Ngo MD

AFFILIATIONS: Department of Family Medicine, David Geffen School of Medicine at UCLA

INTRODUCTION: Most hospitals have Rapid Response Teams (RRTs) to avoid critical complications during inpatient hospitalizations. Family medicine residents form the RRT at Santa Monica-UCLA Medical Center. This project aimed to standardize clinical algorithms and common medications used during such scenarios to improve recall, minimize interruptions, and improve comfort running rapid responses and Code Blues amongst residents.

METHODS: A pre-test survey was completed by all family medicine residents, assessing their comfort in running a rapid response (RR) and Code Blue (CB), and also desire to have a standardized reference.

Residents were then provided with pocket cards detailing management and common medications used in cardiac arrest, tachycardia, bradycardia, altered mental status, blood pressure changes, obstetrical triage/emergencies, and pediatric codes. At the end of the project, a post-test survey was administered to the residents to assess for benefits after cards were introduced.

RESULTS: Of the 36 residents enrolled in the study, 26 (72%) were followed until study completion. Likert scales were utilized. T-test paired variance showed significant increase in comfort running RRs (mean 1.94 +/- 0.66 vs. 2.47 +/- 0.38, $p = 0.01$) but non-significant increase in comfort running CBs (mean 1.65 +/- 0.44 vs. 1.94 +/- 0.60, $p=0.073$). Upon ANOVA analysis, these results were significant between PGY 1 to 2 and PGY 1 to 3 on both pre and post-testing for RRs and CBs. Only the post-test survey on RRs was significant between PGY 2 to 3 classes.

CONCLUSIONS: Residents improved in comfort level with standardized algorithms and common medications used in rapid responses and Code Blues. Future research includes identifying whether reference materials in mock scenarios significantly reduce time to appropriate decision making. By investing in standardized resources, hospital systems fulfill the tenets of Rapid Response team organization quality improvement per AHRQ guidelines.

CASE REPORT TITLE: Elderly Onset Gout

AUTHORS: Humberto Avila, MD; Bruno J. Lewin, MD, DTMH

AFFILIATIONS: Kaiser Permanente Los Angeles Medical Center

ABSTRACT / INTRODUCTION: In this case report we show an 87 year old man who presented with finger PIP joint pain, swelling, and erythema, who was misdiagnosed with infection of skin, and then osteomyelitis, and later found to have Elderly Onset Gout (EOG). EOG is commonly misdiagnosed due to atypical presentation and can often lead to delayed treatment and significant morbidity in the elderly population.

CASE REPORT (METHODS / RESULTS): 87 year old man with PMH of HTN, OA, and BPH who initially presented to ED with Left 4th finger (PIP) joint pain, erythema, and swelling. Diagnosed with cellulitis and prescribed Keflex without improvement. Pt returned 3 weeks later with persistent symptoms. I&D, wound cultures drawn, gauze packing, and prescribed Augmentin. Pt returned for wound check, but still with persistent symptoms. X-ray of finger concerning for Osteomyelitis and admitted to hospital and treated with Ancef. On exam, patient noted to have "white object" in wound that was difficult to remove, initially concerning for retained gauze. Patient with mildly elevated ESR & CRP. Wound Cx negative. Normal WBC and Uric acid. Although patient without history of gout, and atypical location for gout, pt given trial treatment with Colchicine, with improvement. Rheumatology confirmed that "white object" was actually tophi, and microscopy of wound discharge showed needle shaped crystals consistent with gout.

DISCUSSION/CLINICAL SIGNIFICANCE: Elderly Onset Gout (EOG), defined as onset of gout at age 65 or older, is the most common inflammatory arthropathy in the elderly and prevalence increases as people age with peak prevalence in 75-84 years range. EOG is commonly misdiagnosed due to atypical location on fingers, polyarticular presentation, female prevalence (women>men after age 80), low to normal uric acid levels, and pain on finger joints commonly associated with OA. Women, older age, decreased GFR, NSAID use, diuretic use, are associated with developing early tophaceous gout even before an acute attack. Treatment of EOG is often difficult due to elderly patient's comorbidities and may not be able to tolerate NSAIDs, Colchicine, or Allopurinol. There is not strong evidence regarding optimal management in this population.

ABSTRACT TITLE: Abstinence or Reduction of Cannabis use is Not Associated with Changes in Mental and Physical Health Well-Being in Primary Care Patients.

AUTHORS: Emeka Okafor¹, Melvin Rico¹, Steve Shoptaw¹, Lilian Gelberg^{1,2}

AFFILIATIONS: 1. Department of Family Medicine, David Geffen School of Medicine, University of California-Los Angeles. 2. Department of Health Policy & Management, Fielding School of Public Health, University of California-Los Angeles

INTRODUCTION: Behavioral interventions for cannabis use disorders (CUD) do not have a universally accepted clinically meaningful endpoint. Although abstinence is a clinically meaningful endpoint, however, as CUD is a chronic condition characterized by cycles of abstinence, relapse and reduced use. There is a need to consider whether reduced drug use is associated with significant changes in functional outcomes.

METHODS: Secondary analyses based on data from randomized controlled trial of a brief intervention to reduce risky drug use (ASSIST score 4-26) among, primary care patients in Los Angeles. Differences at baseline and 3-month follow-up in the number of days of marijuana use in the past 30-days was categorized as abstinent, reduced without abstinence and continued/increased use. The primary outcomes were 3-month changes in mental and physical component scores (MCS/PCS) from the Short Form Survey (higher scores=better well-being). Multiple linear regression models were used to test associations between the marijuana use groups and outcomes.

RESULTS: Of 186 participants, mean age was 42.0 years; 63% were male and 63% were non-white. At 3 months, 35% of the sample were abstinent and 23% decreased their marijuana use. In adjusted analyses differences were not significant for the MCS in participants who were abstinent [mean change (MC):1.26] and those who decreased (MC: 0.33) compared to those who continued/increased use (MC:2.76; all ps >0.05). Similarly, there were no significant difference in changes in PCS in the abstinent (MC: 2.08) and decreased (MC: 1.90) use groups compared with those continued/increased (MC:0.84; all ps>0.05).

CONCLUSIONS: In this sample of primary care patients in Los Angeles with illicit drug use, there was a pattern of improvement in mental and physical health well-being within the marijuana use groups from baseline to 3-month, though between-group changes were not statistically significant. Additional investigation from larger samples in other settings is needed.

ABSTRACT TITLE: Evaluation of Subjective vs Objective Measures of Workload in Collegiate Soccer Athletes

AUTHORS: Brian G. Lancaster, MD, MS, Michael O'Reilly, Jeremy Vail, MPT, ATC, Tandi Hawkey, ATC, MA, Amanda Pruden, ATC, Joshua Goldman, MD, MBA

AFFILIATIONS: University of California Los Angeles - Department of Family Medicine, Division of Sports Medicine

INTRODUCTION: Acute increases in training workload may be a risk factor for injury in collegiate soccer players. Accordingly, workload monitoring with GPS tracking has become a mainstay collegiate and professional level teams. Interestingly, evidence suggests that subjective measures of workload may correlate well with objective measures. We aimed to correlate such measures, and if comparable, provide a more readily accessible avenue for evaluation of lower level competitors.

METHODS: UCLA Men's and Women's soccer teams workloads were monitored during the 2017 season. Data was gathered during practice and game days. Objective workload variables were obtained using a GPS tracking system and included distance run, accelerations, decelerations, sprints, max speed. Subjective measures on the same days were obtained using a phone app to record a daily rating of perceived exertion (RPE), which all objective variables were compared against. RPE was also assessed against other subjective variables such as sleep quality, readiness to play, and soreness score.

RESULTS: The women's soccer team was more compliant with both objective and subjective data recording during the 2017 season. RPE was recorded 1448 times in 23 female soccer players, it was only recorded 251 times in 21 male players, for a total of 1699 discrete events. For both men and women, RPE was evaluated against 10 objective variables collected from the GPS tracking system. For women, RPE was additionally compared to six other subjective variables. The men did not record the additional variables. Variables were sent to UCLA Clinical & Translational Science Institute Spring 2018 following the end of the 2017 season. Final data analysis is pending.

CONCLUSIONS: Workload monitoring is a focus of injury prevention. Our study provided a robust data set to compare objective measures only available to high-level athletes, to subjective measures accessible to a

broader population. Such a correlation may allow primary care sports medicine providers to give preventative guidance not previously available to a majority of their patients, including adolescent and high-school athletes.

ABSTRACT TITLE: How Culture Impacts Health

AUTHORS: Dr. Amarildo Ademaj, MD; and Dr. Monique George, MD

AFFILIATIONS: Kaiser Permanente (UCLA Affiliate)

INTRODUCTION: Does culture impact health? While a difficult question to research, this is an important question to answer so that we can better understand the differences in health outcomes between various populations around the world. The goal of our project was to study the prevalence of chronic disease in populations with heavy cultural tendencies towards alcohol, tobacco, and meat consumptions compared to the standard American population.

METHODS: Location: Free Clinic in Milwaukee. Population: Individuals identifying as Albanian ethnicity aged 18-60yo vs. non-Albanian ethnicities aged 18-60yo. Number of patients: 100 Albanians, 100 non-Albanians. Method of data collections: surveys

Information collected: prevalence of hypertension, percent of population smoking, consuming alcohol 3 or more days a week, consuming meat 3 days or more a week. We compared the prevalence of smoking/drinking/meat consumption and hypertension in the Albanian population to that of the non-Albanian population.

RESULTS: Population 1: Individuals identifying as Albanian (18-60yo); Population 2: Individuals identifying as any ethnicity except Albanian (18-60yo); Prevalence of population that:

- 1) Consumes meat 3 or more days a week:
 - a. Albanian=89% vs Non-Albanian=66%
- 2) Smokes Tobacco:
 - a. Albanian=13% vs Non-Albanian=9%
- 3) Drinks alcohol 3 or more days a week:
 - a. Albanian=18% vs Non-Albanian=13%
- 4) Has a history of Hypertension:
 - a. Albanian=36% vs Non-Albanian=28%

CONCLUSIONS: Culture is an important determinant of health. Albanian culture is an example of this. Smoking, drinking, and meat consumption are 3 staples of Albanian culture, and therefore, partly explain the high prevalence of chronic medical conditions in this population. Understanding culture's influence on social determinants of health is important for creating meaningful public health policy and solutions for various cultures.

ABSTRACT TITLE: Preliminary Data on the Effects of Perceived Police Harassment and Gang Violence on Health Outcomes of Black Residents in Watts

AUTHORS: Lauren Gibbs MSII, Anthony Diep, Helen Song DO, MS, Gilberto Granados MD, MPH, Jyoti Puvvula MD, MPH

AFFILIATIONS: Harbor-UCLA Medical Center, UCLA David Geffen School of Medicine, Charles Drew University

INTRODUCTION: Stress related to the fear of police abuse and gang violence continues to contribute to poor health outcomes in disadvantaged communities of color. In Los Angeles, aggressive policing and racial profiling cause peaks of frustration. Post WWII, black street clubs were formed to protect the growing black population in LA but began to engage in criminal activity. This research seeks to study the effects of safety on health in the community of Watts.

METHODS: Cross-sectional, in person surveys of households were conducted in the community of Watts in Los Angeles, CA. Verbal consent of participants was obtained after research assistants explained the content

and purpose of the survey. Participants remained anonymous. Surveys were conducted in Spanish or English, depending on participant's preference. The survey ascertained participants' perception of their child's health, demographics, environment, income, race, education, perception of police harassment and gang violence.

RESULTS: African American (AA) participants felt that police harassment was either somewhat or very concerning at a significantly higher rate than Latino respondents AA: 87.5% (14/16); Latino: 58% (36/62); $P < 0.033$. AA participants reported being harassed at a significantly higher rate than the Latino respondents. AA: 37.5% (6/16); Latino: 8.0% (5/62); $P < 0.007$. The preliminary data showed no significant difference in the respondent's concern of police harassment or gang violence with the reported health of the child. Both ethnicities were equally concerned about gang violence in the community. AA: 66% (10/15); Latino: 65% (39/60).

CONCLUSIONS: Previous studies have shown that safety in disadvantaged, minority communities is a stressor for residents and also that there are disproportionate rates of arrest and legal intervention against black males in relation to white and Hispanic males. As stress exacerbates health conditions, community-police relations and community violence should be investigated further in relation to the effects on health outcomes.

CASE REPORT TITLE: Acid Fast As You Can: Disseminated Nocardiosis in a Farmworker

AUTHORS: Moazzum Bajwa, MD MPH; Nathan McLaughlin, MD

AFFILIATIONS: Riverside University Health System / University of California at Riverside

ABSTRACT / INTRODUCTION: Nocardia species is found in soil worldwide and poses significant risk to immunocompromised patients via direct contact or inhalation. Disseminated nocardiosis is rare cause of brain abscesses (1-2%) but carries the highest mortality rate (up to 31%). We present a patient on immunosuppressive therapy with multiple Nocardia brain abscesses and a limited diagnostic approach in the setting of severe thrombocytopenia.

CASE REPORT (METHODS / RESULTS): A 67-year-old farmworker on immunosuppressive therapy for SLE presented with 1-month history of malaise, weight loss, and cough. He had three prior admissions for refractory left lower lobe pneumonia. On admission, patient was cachectic with poor air entry in left lung field. Chest CT showed a 4x3cm necrotic empyema of left lung. Thoracoscopy was deferred due to thrombocytopenia; a left lung drain aspirated 10mL frank pus. Initial culture grew filamentous gram positive rods; patient started on empiric intravenous antibiotics. Given the propensity for hematogenous spread of suspected Nocardia species, brain imaging ordered which showed bilateral ring-enhancing lesions (largest 16mm, right parietal) with vasogenic edema. Neurological exam remained intact; biopsy and lumbar puncture were deferred due to thrombocytopenia (PLT 14×10^3). Eventually, partial acid fast stain resulted Nocardia farcinica. After 4 weeks of therapy, repeat imaging demonstrated 50% decrease in size of largest lesion.

DISCUSSION/CLINICAL SIGNIFICANCE: The high mortality rate of Nocardia brain abscesses is attributed to delayed diagnosis and inappropriate therapy. Nocardia farcinica species is especially resistant to multiple antibiotics and presents as an indolent infection refractory to third-generation cephalosporins. This case illustrates the importance of prompt imaging to evaluate for hematogenous spread, even in the absence of focal neurological symptoms. Furthermore, when diagnostic approach is limited, as was in this case by severe thrombocytopenia from SLE, empiric evidence-based antibiotic therapy is prudent to avoid delayed treatment and decrease mortality in clinically suspected Nocardiosis.

ABSTRACT TITLE: Development of an Oral Health Curriculum into a Family Medicine Residency Program

AUTHORS: Choudhury, Zareen; Olmos, Karen, Nevarez, Theresa

AFFILIATIONS: Harbor UCLA Family Medicine

INTRODUCTION: Primary care physicians are often the first to identify oral health disease, particularly among patients lacking access to dental care such as those within the safety net system of Harbor UCLA. For many physicians, oral health is a minute and often neglected area of medical training.

METHODS: This project intends to investigate attitudes of Family Medicine resident physicians towards oral health, assess baseline towards oral health, assess baseline understanding of oral health, and obtain data to develop an oral health curriculum within a Family Medicine training program. We have administered a survey and knowledge pre-test, data is still pending.

RESULTS: pending

CONCLUSIONS: pending

MOJAVE ROOM

ABSTRACT TITLE: Homeless Health at Kaiser LAMC: Length of Stay and Readmission Rates

AUTHORS: Helen Yu, MD; Jayanti Dasgupta, MD; Rima Shah, MD; Neil Chawla, MD

AFFILIATIONS: Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: Each year more than one hundred homeless patients are admitted into Kaiser Los Angeles Medical Center. Several recent studies have found that homeless admission expenditure exceed those for housed patients. The high consumption of homeless individuals demonstrates that improved care for homeless individuals can effectively decrease health care costs. In this study we examined the average length of hospitalization compared to housed patients admitted for the same medical issue.

METHODS: A retrospective chart review of 131 homeless patients who were admitted to Family Medicine from January 1, 2015-December 31, 2015 at Kaiser LAMC was conducted. Also 131 housed patients were selected for comparison by matching on age at discharge (± 5), gender and diagnosis at discharge. We examined the average length of hospital stay based on medical issue and six month readmission rate from discharge up until June 30, 2016 between homeless patients and housed patients at Kaiser LAMC. A multinomial logistic regression was used to analyze the length of stay in nights.

RESULTS: Although the result did not show statistically significance, homeless patients had slightly greater percentages of longer lengths of hospital stay. Homeless patients were one-fold more likely than housed patients to be admitted for 1-10 days of stay in hospital (OR=2.00, CI=0.488-8.199). Further, a binary logistic regression was used to compare the readmission between the two groups. Although it was also not statistically significant, homeless patients were 32% less likely to be readmitted compared to housed patients (OR=0.681, CI=0.404-1.146).

CONCLUSIONS: We hope this study can help determine gaps in successful discharge for homeless patients, suggest areas to expand community resources and inform policy for this vulnerable population. Future goals include expanding this study to encompass a larger time frame, incorporating data from different medical centers to look for utilization differences, and determining differences in post-intervention utilization.

ABSTRACT TITLE: The treatment of squamous cell carcinoma (SCC) with excision vs. electrodesiccation and curettage (ED&C) and its effect on recurrence of malignancy

AUTHORS: Dr. Joshua Tarpley, Dr. Monique George, Jason Elperin (MS)

AFFILIATIONS: Kaiser Permanente Woodland Hills

INTRODUCTION: Although previous studies have explored the use of ED&C and surgical excision as two validated treatments of cutaneous SCC, few if any studies have specifically investigated their effect on recurrence of disease. This study aimed to determine whether the treatment of SCC on the trunk and extremities with excision vs. ED&C affected the recurrence of SCC among patients within a large, integrated health care system.

METHODS: A random sample was gathered of 160 patients who had SCC documented between 2008 and 2015. ICD9 codes for SCC on the trunk and extremities were collected. SCC on the face and ears were excluded given their usual treatment with other modalities. Manual retrospective chart review was performed to determine differences in SCC recurrence when treated with excision vs. ED&C. Data was collected on patient comorbidities and if malignancies were treated by dermatologists. The manually collected data was then run through a database to conduct Pearson's chi-squared tests and T-Tests to estimate p-values and evaluate associations between variables.

RESULTS: A majority of SCCs were diagnosed on the sun bearing areas of the upper extremities (79 of 160 patients). Only 19 of 160 patients had a recurrence of their cancer. The Charlson Comorbidity Index was found to be inversely related to the chance of SCC recurrence (Pr=0.025). There was no significant relationship between treatment modality and recurrence (Pr=0.172). There was no significant difference in SCC recurrence between treatment by a dermatologist vs. another provider type (Pr=0.158). There was no significant difference between SCC recurrence and various patient comorbidities.

CONCLUSIONS: This study suggests that there is no significant difference in the recurrence of SCC of the trunk and extremities when treated with excision vs. ED&C. The Charlson Comorbidity Index is inversely related to recurrence suggesting that those with lower indices live longer and thus have increased recurrence risk. The data also suggests that SCC is treated effectively by providers other than dermatologists.

ABSTRACT TITLE: Evaluating the Efficacy of a Longitudinal Sports Medicine Track during Residency

AUTHORS: Christopher Fox, MD, Joshua Goldman, MD, MBA

AFFILIATIONS: UCLA Department of Family Medicine, UCLA Division of Sports Medicine

INTRODUCTION: We sought to investigate the extent to which residency Sports Medicine tracks (SMT) prepared residents for fellowship. We evaluated the prevalence of various components of SMTs (based on published AMSSM track guidelines) and the impact these tracks had on residents' experience and subjective confidence levels prior to entering fellowship compared to their colleagues without a SMT.

METHODS: Current Sports Medicine fellows completed an online survey, distributed via email, containing 30 questions. The survey questions assessed applicant and residency program demographics, their participation in a SMT, and objective and subjective measures of the applicant's experiences and preparedness for a Sports Medicine fellowship.

RESULTS: 45 surveys were completed with 10 fellows having participated in a SMT. The most common components of SMTs: 1) A sports medicine mentor 2) PPE coverage. The least common components were: 1) journal club 2) required conference presentations. Fellows with a SMT were more likely to have formal musculoskeletal ultrasound and procedural training than non-track fellows. All fellows with a SMT reported sideline and PPE coverage. Fellows with a SMT had higher mean values for confidence levels in 11 of 12 categories. There was no significant difference in match satisfaction between the two groups.

CONCLUSIONS: Fellows who were involved in sports medicine tracks in residency had significantly higher confidence levels in their ability to examine and diagnose musculoskeletal injuries. They also reported significantly more ultrasound and procedural experience prior to beginning fellowship.

ABSTRACT TITLE: Risk Factors for Lower Extremity Injury in Collegiate Soccer Athletes

AUTHORS: Brian Lancaster, MD, Michelle Sriwongtong, MD, Jeremy Vail, MPT, ATC, Michael O'Reilly, Brian Donahoe, Tandi Hawkey, ATC, MA, Amanda Pruden, ATC, Joshua Goldman, MD, MBA

AFFILIATIONS: University of California Los Angeles, Division of Sports Medicine, Department of Family Medicine

INTRODUCTION: In 2015, the UCLA Men's Soccer Team had 10 hamstring injuries - that's 30% of the squad. These injuries are especially common in sports with kicking and sprinting and account for up to 23% of all injuries in European professional soccer (1,2, 3, 4, 5). Risk factors for hamstring injury include a

higher level of competition, being a field player, age, decreased hamstring strength, playing in the second half of the game, and a higher soccer match load (1,5,11,12,13).

METHODS: A prospective cohort study of men's and women's NCAA Division I collegiate soccer athletes. The primary outcome was all LE injuries, diagnosed by a team physician. Subjects completed pre-season testing to capture athlete demographics and baseline measurements hamstring and quadriceps strength, hamstring length, ankle dorsiflexion, and hip extension. Data captured at the time of injury included training activity, participation time, sleep, self-perceived exertion, and game-specific data if the injured occurred during competition.

RESULTS: The study included 49 athletes, 28 female and 21 male. A total of 17 LE injuries were recorded in 14 athletes (29%), 6 female and 8 male with two athletes injured twice. There was no significant difference between the LE injury and control cohort. 11 (78%) of LE injuries occurred during competition and the majority occurred in the first month of season. Average time out was 3.5 days with average time to full recovery of 12.7 days. Nine different diagnoses were recorded; the most common were hamstring strain (4/17, 24%), ankle sprain (3/17, 18%), and hip flexor strain (3/17, 18%). None of the risk factors tested showed statistical significance.

CONCLUSIONS: Our study population reflects known literature, specifically with regards to timing of injury and total time of recovery. Many potential risk factors for LE injury have been suggested. Not one of the risk factors studied here was shown to be statistically significant in regards to LE injury in collegiate soccer. However, the study had a small sample size of only 49.

ABSTRACT TITLE: Latino Student Health Project' s Tecate Mexico Health Fair: Analysis of Participant Demographics and Services Utilized

AUTHORS: Ruth Getachew, Jose Guerro, Seira Westwood, David Hayes-Bautista, Gilbert Granados

AFFILIATIONS: 1. Harbor-UCLA Department of Family Medicine, 2. UCLA School of Medicine Center for the Study of Latino Health and Culture

INTRODUCTION: Mexico guarantees health care to all citizens. The Mexican health care system has encountered several obstacles providing service to rural communities. LSHP holds quarterly health fairs in Tecate, Mexico, a rural town bordering San Diego. The aim of this study is to evaluate the demographic and common medical complaints of patients seeking care at these health fairs. We hope to understand unmet medical needs of health fair participants to help us provide services that address these needs.

METHODS: This is a retrospective study analyzing the demographics, medical comorbidities and medical resources utilized by participants at a health fair in Tecate, Mexico in December 2017. All participants and/or their guardians signed a consent form to participate in the health fair. Participants were also given a survey form to document what services they received at the health fair.

RESULTS: The results of our study characterize the age, gender, body mass index, blood pressure measurements, point of care hemoglobin measurements, point of care blood glucose measurements, and patient reported medical co-morbidities of participants at the health fair. In addition, we evaluate which services were most utilized. Offered services include: vision screening, medical provider counseling, diet and exercise lifestyle education, reproductive health education, influenza immunization, refill of prescription medications, and donated personal goods.

CONCLUSIONS: Pending

ABSTRACT TITLE: Physician-led medication education clinic visits to improve medication understanding and adherence in the older adult population.

AUTHORS: Marina Morie, MD and Jacob David, MD

AFFILIATIONS: Ventura County Medical Center

INTRODUCTION: Medication nonadherence occurs in up to 50% of US older adults, resulting in significant morbidity and resource utilization. Older adults are at higher risk for nonadherence due to age-related physical decline, multiple comorbidities, and increased prescriptions. They also experience worse health outcomes when nonadherence occurs. This clinical QI project aims to use face-to-face physician visits to provide focused, personalized medication education to improve adherence and patient understanding.

METHODS: Older adults >65 years of age on ≥ 5 stable medications were recruited from the residency continuity clinic. PCPs referred patients for 1 hour medication education clinic visits with the Faculty Development Fellow. Medication lists were updated by the PCP prior to the visit, reviewed by the fellow prior to the visit to assess for interactions and Beers criteria, then the patients' med bottles were compared to the med list at the visit. Recommendations for deprescribing/modifications were sent to the PCP via EHR, but no medication changes were made by the fellow. Pre/Post questionnaires were done to assess medication adherence and understanding.

RESULTS: 8 patients referred, and 5 were seen. 2 no showed, and 1 could not be scheduled. Pre/Post questionnaires did not show differences between self-perceived understanding/adherence to med regimens. However, verbal feedback at the end of the 1 hour visits consistently showed improved understanding/clarity of med regimen by the patient or their caregiver. Sustained understanding assessment via 1 month post-visit phone calls could not be consistently measured due to inability to reach the patients. Med education visit recommendations were followed by the PCP in 1/5 patients, though 3 had not yet been seen by the PCP following the med education visit.

CONCLUSIONS: Physician-led medication education visits resulted in subjective but not objective improvement in understanding. Statistical significance was limited by low recruitment and clinic show rates. Future study could include a team-based approach, more effective recruitment, a more objective questionnaire, and assessment of utilization. Self-perception of understanding post intervention may reflect a more accurate self-assessment.

ABSTRACT TITLE: Chest Pain admission for STEMI-NSTEMI rule out from 07/2015 to 06/2016

AUTHORS: Habakuk Michel, Julio Meza, Daniel T. Lee

AFFILIATIONS: University of California Los Angeles

INTRODUCTION: IHD remains the leading cause of death worldwide. Associated risk factors include smoking, family history of premature CAD, HTN, DM, Dyslipidemia, male sex and age. Chest pain is one of the most common of reported symptoms of acute coronary syndrome and patients who present to the ED with such symptoms who have risk factors are taking seriously. These patients are usually admitted to the hospital for ACS rule out and usually undergo cardiac work up.

METHODS: During the period of 7/1/2015 to 6/30/2016, we analyzed data of patients admitted to the Family Medicine service at the UCLA Santa Monica Hospital for chest pain. Ages varied from 35 to 98 years old, the vast majority was male with CAD risk factors.

RESULTS: Most patient presented with atypical chest pain, some were rule out for other causes of chest pain like PE, Aortic dissection. None of them had ST elevation on EKG but some with non-specific T waves changes. Only a very small proportion had elevated cardiac enzymes but there were other associated factors like acute CHF, ESRD with chronic elevation of troponin, COPD exacerbation, and other infections. Younger patients tended to have normal EKG or sinus tachycardia with history of anxiety, GERD, drug use or significant family history of IHD. Most patients underwent cardiac work up including ECHO and stress tests despite negative EKG or elevated ca

CONCLUSIONS: Analyses have concluded that there should be an alternative for management, evaluation, safe discharge and follow up and if deemed necessary based on risk factors further cardiac work up. Our goal is to provide useful recommendations for a better management of chest pain in order to reduce the burden of health care cost while providing the optimal care to patients.

POSTERS

SESSION 2
(2:30PM – 3:15PM)

CATALINA ROOM

ABSTRACT TITLE: Survey of the Watt's Community: Analysis on Housing Insecurity

AUTHORS: Ruth Getachew, Jenniffer Arias, Donna Medel, Yazeed Ibrahim, Jyoti Puvvula, Gilbert Granados

AFFILIATIONS: Harbor-UCLA Dept. of Family Medicine

INTRODUCTION: Studies show that addressing housing insecurity can reduce health care costs by up to 12%, reduce the need for emergency department care by 18% and improve utilization of primary care services by 20%. Both public and private health care providers benefit when we tackle housing insecurity. Our study aims to evaluate the demographics, socioeconomic and health factors associated with housing insecurity in a Los Angeles County Service Planning Areas that is most affected by health disparities.

METHODS: This is a cross-sectional in-person survey in the Watt's community of Los Angeles County Service Planning Area six. Random cluster sampling of eligible households was used to represent the target population based on the 2010 census. English and Spanish speaking interviewers were sent into the community to consent and then collect surveys from willing available households. Inclusion criteria included: participant age greater than 18, residency in the Watt's community, and households with at least one child under the age of 18. Families without one or more children under the age of eighteen were excluded.

RESULTS: Pending analysis.

CONCLUSIONS: The results of our study characterize housing in security with respect to the age, race/ethnicity, household income, education level, immigration status and perception of health for hoshods in the Watt's community, a neighborhood in SPA-6 of Los Angeles County.

CASE REPORT TITLE: Acute kidney injury: when to start renal replacement therapy in the non-critical inpatient

AUTHORS: Ridwa Abdi, M.D., Hamid Hajmomenian, M.D., and Catherine P. Khoo, M.D.

AFFILIATIONS: UCLA

ABSTRACT / INTRODUCTION: AKI, which in various sources is estimated to be present in 5 to 20% of hospitalized patients, has also been found to be associated with a mortality rate as high as 60% in critically ill patients (1,2).With such significant potential risk of death, it difficult to determine the optimal time is to initiate dialysis. This is a case of a 72 yr old woman found to be in acute renal failure without an immediate clear etiology.

CASE REPORT (METHODS / RESULTS): While certain life-threatening complications of severe AKI are widely accepted as indications for urgent dialysis, timing of initiation of renal replacement therapy (RRT) in non-ICU patients—as in our case—remains largely unclear and undefined in clinical practice guidelines for the management of AKI (3). In light of this limitation in addition to wanting to prevent the deleterious effects of RRT, our approach became a conservative one. This decision was primarily driven by the fact that patient didn't at any point meet any clear emergent indications for dialysis. An expedited and thorough workup was done which included a kidney biopsy collected within the first 24 hours of admission. Other early interventions included aggressive fluid resuscitation and a one-time high dose of solu-medrol due to early suspicion for

glomerulonephritis. Cr was closely monitored with the need for dialysis continuously reassessed. Kidney function improved without the use of dialysis and biopsy showed ATN.

DISCUSSION/CLINICAL SIGNIFICANCE: Despite having limited literature to guide our decision, the available data highlighted key points that guided our decision-making. Firstly, we were aware that in the RCT data that was available in non-ICU patients there was evidence to suggest that initiating dialysis early may result in prolonging renal recovery (1). Additionally, without clear dialysis indications, an individualized approach that includes taking into account etiology of ARF, relevant comorbidities and patient's ongoing clinical response to implemented interventions should help guide decision making at each step. Lastly, medical optimization, as we did for example in our case with the use of empiric steroids when we had a suspected etiology, should also be one of the key cornerstones of management.

ABSTRACT TITLE: Improving Antibiotic Stewardship in the Outpatient Setting

AUTHORS: Caleb VanderVeen, Keith Wong, Josh Busse, Jennifer Auf Der Springe

AFFILIATIONS: Harbor-UCLA Family Medicine Department

INTRODUCTION: In the past decade, increasing awareness has been brought to the need for responsible use of antibiotics and the dangers of multi-drug resistant organisms. At Harbor-UCLA Medical Center, an inpatient, multi-disciplinary antibiotic stewardship team has been created, however its reach does not extend beyond the hospital. This project aims to evaluate antibiotic use in a busy outpatient center and measure the effect of targeted intervention aimed at improving antibiotic stewardship in the clinic.

METHODS: We will focus on two or three chief complaints that are commonly encountered in the clinic, these include adult UTI, adult URI, and pneumonia. Through a data review of prescribed medications and matched to their prescribing diagnosis we will establish a baseline of medications commonly prescribed for these chief complaints. Our intervention will then be to introduce EMR "dot phrases" prepared by our team, which guide the provider towards prescribing antibiotics only in clinical cases where they are indicated and choosing the correct antibiotic when they are prescribed, after which an analysis can be made comparing prescribing patterns.

RESULTS: data pending

CONCLUSIONS: Data is currently pending however we hope that our simple intervention might lead to better antibiotic prescribing patterns in the Family Medicine clinic and serve as one of several methods that can be adopted easily outside of our own clinic.

ABSTRACT TITLE: Analysis of correlation between diabetic education and HbA1c control.

AUTHORS: Debbie Wang and Gloria Monsalve

AFFILIATIONS: Northridge Family medicine Residency - UCLA affiliated

INTRODUCTION: Diabetes is the 7th leading cause of death in the USA. Poor patient knowledge of proper diabetic self-care practices is one of the major barriers towards the attainment of glycemic control and quickening progression towards end organ damage. The purpose of this cross-sectional study is to assess the knowledge amongst our diabetic population by utilizing a validated diabetic questionnaire in order assess if there is a link between diabetic knowledge and optimal HbA1c control.

METHODS: The shortened DKQ (Diabetes Knowledge Questionnaire), which is available in both English and Spanish, was handed out to Type II Diabetic patients over 21 years old who were diagnosed more than 1 year ago. The study was conducted over the span of 3 months within a family practice clinic. All questions were answered prior to their visit with their doctor. Total scores out of 24 was correlated with HbA1c values ≤ 6 months. Those without a recorded HbA1c were deemed uncontrolled. Controlled Diabetes was defined as an HbA1c ≤ 8 . Assessment was deemed invalid if patients answered all Yes, No, or Marked "I don't know" on more than 7 questions.

RESULTS: 148 questionnaires were collected and 99 questionnaires were included for our analysis. The mean DK score was low, only 33% answered correctly on 70% or greater. Of the 33% that did pass the DKQ-24, there was no correlation between DK and diabetic control based on HbA1c. The majority of respondents (69%) had low general knowledge about diabetes mellitus. 46-58% of the participants were unable to identify the symptomatic red flags associated with hypo- and hyperglycemia. The majority of our patients knew the secondary prevention strategies and blood sugars values needed to differentiate between controlled and uncontrolled diabetes.

CONCLUSIONS: Assessment of the DK in our patient populace was largely limited by questionnaire length. As a result, we have begun a pilot study involving a short 6 question visual questionnaire that highlights basic diabetic knowledge, secondary prevention strategies, and red flag symptoms to aid in daily diabetic control. Preliminary findings show a lack of identifying red flag symptoms and acute management.

CASE REPORT TITLE: Acute Iron Poisoning

AUTHORS: Mario Nawaz, Piyush Jogani, Christopher Dan, Sevag Kalinjian, Mark Amico

AFFILIATIONS: Dignity Health, Northridge Hospital Medical Center

ABSTRACT / INTRODUCTION: Acute intentional iron poisoning is a potentially fatal disease most commonly seen in young females. Ingesting more than 60mg/kg of iron can lead to significant toxicity. Ferric iron leads to free radical damage that can range from gastric mucosa injury, to shock, acidosis and liver failure. We present a case of a young female who presented to our hospital, who, despite a low initial iron level, developed severe toxicity.

CASE REPORT (METHODS / RESULTS): Two hours prior to admission, a 20 year old female ingested 180 tabs of iron sulfate. One hour later patient found by family complaining of nonbloody, nonbilious emesis and epigastric pain. On admission her vitals and physical exam were unremarkable other than witnessed small bouts of bloody emesis. Her labs were notable for an initial iron level of 389 mcg/dL. She was surmised to be in the gastrointestinal phase of acute iron poisoning. Whole bowel irrigation was initiated. Regional poison control recommended to treat with deferoxamine if iron level was over 500 mcg/dL, hypotension or severe metabolic acidosis occurs. Serum iron peaked at 407 mcg/dL at 5 hours after admission. On the second hospital day, she developed evidence of hepatic injury with severe metabolic acidosis. Deferoxamine therapy was unavailable at our institution. Patient was transferred to a tertiary center. She underwent liver transplantation that was complicated by an anastomotic leak leading to her death.

DISCUSSION/CLINICAL SIGNIFICANCE: This case demonstrates patient ingestion of a critical amount of iron initially not warranting deferoxamine therapy. She proceeded to the gastrointestinal phase and was given appropriate supportive care. She developed hypovolemic shock, metabolic acidosis and hepatic injury. She ultimately required transfer to a tertiary care center, where she received hepatic transplantation which was complicated by an anastomotic leak leading to her untimely demise. The current guidelines were followed for the initiation of deferoxamine use. Yet our patient developed acute iron poisoning leading to her death, perhaps indicating a need for a lower iron level threshold or the possibility of a factiously low serum iron level.

CASE REPORT TITLE: Acute Onset Shoulder Weakness in a 56 Year-old Male

AUTHORS: Brian Lancaster, MD, MS; Joshua Goldman, MD, MBA

AFFILIATIONS: University of California, Los Angeles – Department of Family Medicine, Division of Sports Medicine

ABSTRACT / INTRODUCTION: Neuralgic amyotrophy, also known as Parsonage-Turner syndrome, is an uncommon cause of shoulder weakness. It is a non-traumatic brachial plexopathy with a reported incidence of 2-3/100,00 annually. A small subset of patients have onset following exercise. The following case details such a patient who presented unusually with shoulder pain and, following work-up, was ultimately diagnosed with neuralgic amyotrophy.

CASE REPORT (METHODS / RESULTS): A 56 year-old left-handed male presented with 2.5 weeks of left shoulder pain. He had exercised with weighted over-head movements after remaining relatively sedentary for several months. He did not experience pain during exercise, however two days later he noted onset of 8/10 pain over the posterolateral shoulder. Exam revealed diffuse atrophy of all left-sided shoulder girdle muscles with associated weakness. Work-up including imaging with MR brachial plexus revealed atrophy of the left rotator cuff muscles with mild patchy C5-6 enhancement suggesting denervation changes. An electromyogram and nerve conduction study revealed severe active-on-chronic denervation in the left upper extremity in the distribution of multiple muscles. There was importantly no evidence of nerve entrapment or carpal tunnel syndrome. The patient was ultimately referred to Neurology given findings on imaging, at which time he was noted to have worsened strength and was diagnosed with neuralgic amyotrophy.

DISCUSSION/CLINICAL SIGNIFICANCE: Patients with neuralgic amyotrophy (NA) typically present with unilateral upper extremity pain, often severe, followed by onset of weakness involving variable distribution of the brachial plexus. Diagnosis can be easily missed as presentation resembles other, more commonly encountered entities such as rotator cuff or labral injuries. Only 17.4% of patients in a study of 246 cases of NA reported onset of symptoms following exercise. Diagnosis is clinical, but supported by EMG and NCV studies. Analgesics are indicated for pain with PT for ROM and strength maintenance. Etiology is theorized to be autoimmune, thus glucocorticoids and IVIG are often utilized. However, standard treatment has not been established. Recovery of strength is variable and may occur over months to years.

ABSTRACT TITLE: Effect of Education on Health Outcomes in Watts

AUTHORS: Michael Granados, M.D., Samuel Olanrewaju, Jyoti Puvvula, M.D., Gilberto Granados, M.D.

AFFILIATIONS: Department of Family Medicine, Harbor-UCLA

INTRODUCTION: Education is a primary component of Social Determinants of Health, which accounts for 40% of the population's health. A person's level of education impacts the employment opportunities and difficulty, the ability to get a good paying job with a sustainable income, and the ability to live in a safe neighborhood. Whereas the cost of higher education is around \$12000 per year, the real cost of leaving a kid uneducated has both financial and socio-economic negative impacts on their lives.

METHODS: In-person house-to-house survey of parents of children <18 years was conducted in the Watts community of South Los Angeles. Households were selected through random sampling from city block clusters. Households were considered eligible if at least 1 child living in the home was 18 years or younger. Surveys were conducted in English or Spanish based on participant preference. The focus of the study was on the Education achievement level of parents living in the area, and also the educational aspiration they have for their children.

RESULTS: Preliminary results based on N of 81 surveys collected.

- Educational level of parents living in Watts

- > Majority of parents (>65%) living in Watts have a high school diploma or less.

- > 85% of parents regardless of their level of education aspire to have their children graduate college, or go beyond to achieve some sort of higher education level.

CONCLUSIONS: The results clearly show that > 65% of parents living in Watts attain a high school diploma or less. However, our research also shows that these same parents want a higher educational level for their children. The school suspension rates is one of many barriers affecting and limiting our children's potential which ultimately affects the long term health of the Watts community.

ABSTRACT TITLE: Appropriate Follow-Up of Abnormal Mammogram at RUHS

AUTHORS: Tri Chau, MD, Asha Raj, MD, Rina Seerke Teper, MD, Timothy Tsui, MD

AFFILIATIONS: Riverside University Health Systems Family Medicine Residency

INTRODUCTION: Globally, breast cancer is the most common cancer among women, and leading cause of female cancer deaths. Abnormal mammogram require specific follow-up testing based on radiology recommendation. However, 10% of abnormal mammograms will need a biopsy; 80% of these biopsies will result in a benign reading and the remaining 20% malignant. The purpose of this quality improvement project was to identify how effectively abnormal mammograms at RUHS are followed up and possible areas of improvement.

METHODS: Women aged 50-74 years with abnormal mammogram BIRADS 0,3,4,5 from January 2017 to January 2018 were included in the study. Women with previously diagnosed with breast cancer were excluded from our study. A collection of abnormal mammograms from the specified time period was collected using electronic medical records. Applying exclusion criteria, 88 subjects charts qualified to be analyzed. Chart reviews were then performed to assess whether appropriate follow up studies were ordered. Appropriate follow up was defined as correct imaging ordered per radiologist recommendations.

RESULTS: Our study shows out of 88 women who had abnormal mammogram, 19 had improper follow up. These abnormalities were categorized as inappropriate follow up tests orders, appropriate follow up testing not ordered, and patients lost to follow up. A total of 8 patients had appropriate follow up tests ordered but did not complete ordered imaging. Of these patients, 2 had follow up visits and 6 were lost to follow up. A total of 11 patients did not get appropriate tests ordered. Of 88 charts reviewed, 11 required breast biopsies; 4 showed malignancy.

CONCLUSIONS: Provider failure to order appropriate diagnostic imaging was the primary reason for lack of follow up. Potential improvement efforts may focus on provider education and streamlining mammogram ordering policies. Patient completion of ordered follow up exams was also found to be contributing factor. Limitations of our study include small population size and heavy reliance on electronic medical records for data.

JOSHUA TREE ROOM

ABSTRACT TITLE: Addressing Early Childhood Literacy at Well Child Checks Through Implementation of a Reach Out and Read (ROR) Program

AUTHORS: Theresa Poulos, MD and Neha Chande, MD, MHS

AFFILIATIONS: UCLA Family Medicine Residency Program

INTRODUCTION: Medical providers see children and their families at least 10 times before the age of 5 for well child care, making clinic an ideal place to promote early childhood literacy. Parents served by a ROR Program are 2.5 times more likely to read out loud to their children, and by preschool, children served by ROR are 2 to 6 mos advanced in their language skills. We established a ROR Program in an effort to increase rates at which childhood literacy is addressed during well child visits.

METHODS: Our study design was an interventional before-and-after study. Our target population was medical providers (including residents) who see children for well child care at the UCLA Family Health Center. We surveyed providers pre- and post-intervention via an internet-based platform. Our intervention was the implementation of a ROR Program. Our outcome measure was frequency at which providers addressed literacy at well child checks. We analyzed our data using an online statistical tool. A z-score was used to assess for proportional differences observed on pre- and post-intervention questionnaires.

RESULTS: The percentage of providers who addressed early childhood literacy less than 25% of the time at well child checks in our target age group decreased from 60% to 15%, which was statistically significant ($p=0.002$). The percentage of providers who addressed early childhood literacy more than 75% of the time at well child checks in our target age group increased from 16% to 30%, which was not statistically significant ($p=0.263$). As a secondary outcome, 95% of providers reported that ROR had a positive impact on their satisfaction as a well child care provider at the UCLA Family Health Center.

CONCLUSIONS: Through the implementation of a ROR Program, we were able to significantly decrease the percentage of providers who were regularly failing to address early childhood literacy during well child checks

in our target age groups. Ultimately, this will afford our pediatric patients a substantial academic advantage over their peers who are not read to at home. The program also increased provider satisfaction with well child care.

ABSTRACT TITLE: The Patient Voice in Goals of Care: Encouraging Goals of Care Discussion in the Primary Care Setting

AUTHORS: Marshall Gillette MD, Karla Gonzales MD, Kristin Masukawa MD, Julio Mesa MD

AFFILIATIONS: UCLA Family Medicine Residency Program, UCLA Family Health Center

INTRODUCTION: Discussions with physicians about Advance Care Planning (ACP) rarely occur before patients become critically ill. This is the second phase of an ongoing study. Pilot study conclusions demonstrate the benefit of educational materials to increase patient engagement in outpatient goals of care (GOC) planning. The objectives in the current phase are to study the effect of a simple concise handout on patient knowledge about ACP, and on their willingness to engage in non-emergent GOC planning.

METHODS: In the pilot study, patients were asked to give feedback on ACP educational materials. This feedback guided a revised version at a fifth grade reading level. A randomized controlled trial with 41 English-speaking patients aged 45 and older were recruited from the UCLA Family Health Center. The intervention group was given the revised materials and the control group was given the standard UCLA GOC materials. Pre- and post-tests were conducted with questions aimed at measuring patient knowledge about ACP and willingness to engage in non-emergent GOC planning. Data will be analyzed using t-test and chi-square testing.

RESULTS: There were 21 subjects in the intervention group and 20 subjects in the control group. Control group mean age 59, Female 70% and Ethnic breakdown was 63% Caucasian, 5% African American, 16% Hispanic and 16% identified as more than 1 ethnic group. Intervention group mean age 60, Female 55% and Ethnic breakdown was 35% Caucasian, 15% African American, 30% Hispanic and 20% identified as more than 1 ethnic group. T-test and Chi-square analysis to be conducted between control and intervention groups.

CONCLUSIONS: The strength of this study is that patient feedback was used to guide the revised materials. Weaknesses include a lack of generalizability to all UCLA patients and significant differences between the two groups. Future studies should include improved randomization, translating materials in different languages, pilot testing with diverse groups, and recruiting more subjects to deduce more robust conclusions.

ABSTRACT TITLE: Childhood obesity and the built environment in the Los Angeles neighborhood of Watts

AUTHORS: Darcy Benedict MD MPH, Elise Madrid MD, Gilberto Granados MD MPH, Jyoti Puvvula MD MPH

AFFILIATIONS: Harbor UCLA Family Medicine

INTRODUCTION: Obese children are at risk for numerous health problems as well as becoming obese adults. Los Angeles County has an overall childhood obesity rate of 22% for children in grades 5, 7 and 9 compared to the South LA Service Planning Area 6 (SPA 6), which includes Watts, at a rate of 29%. These rates have not been determined on a neighborhood level for Watts. Our project seeks to understand the prevalence of childhood obesity in the neighborhood of Watts, and how it relates to the built environment.

METHODS: In-person household surveys of parents of children ≤ 18 years were conducted in the Watts community of South Los Angeles. Random cluster sampling of eligible households was done to represent the target population based on the 2010 census data. Households were considered eligible if at least 1 child living in the home was 18 years or younger. Surveys were conducted in English or Spanish based on participant preference.

RESULTS: Asset mapping of the Watts neighborhood revealed one grocery store per 34380 residents compared to 1 per 5974 residents in a similar neighborhood in West LA. Results showed that 29% of parents in Watts thought their children were overweight or obese. When asked about concerns 65% of respondents were either very concerned or somewhat concerned about having access to grocery stores that have healthy

and affordable foods. In addition 75% of respondents also noted they were either very concerned or somewhat concerned about having access to a safe park for their children to play.

CONCLUSIONS: Parent report of having an overweight or obese child was about equal to the rate of obesity in South LA. One possibility is that this may have been underreported in our survey. Our study highlights that neighborhood level data is needed to identify health priorities that can be used to develop targeted interventions aimed at improving built environments to support healthy behaviors and reduce health disparities.

ABSTRACT TITLE: Diabetic Spanish Speaking Patients in a Los Angeles County Safety Net Clinic and Interest in the EHR Patient Portal: A Focus Group Study

AUTHORS: Cynthia Mendez-Kohlieber, MD and Alexander Geyer, MD

AFFILIATIONS: UCLA Santa Monica Family Medicine Residency Program, David Geffen School of Medicine at UCLA

INTRODUCTION: Access and utilization of electronic health record (EHR) patient portals has become a standard among health systems. Patient portals provide real-time access to medical information and are linked to better outcomes. However little is known regarding the use, barriers, and interest in EHR patient portals among Spanish speaking patients. We aimed to explore the knowledge of, attitudes toward, and suggestions for the EHR patient portal of the Los Angeles County system called My Wellness Portal.

METHODS: One focus group session was conducted with several Spanish speaking patients (> 18 years) with diabetes. A pre-discussion survey was also administered. Two moderators used a single discussion guide with questions. Video tutorials were used demonstrating how to 1) Register, create accounts, and access the portal, 2) View labs, 3) View medication lists and request refills, and 4) View, schedule, or cancel appointments. The audio session was taped and the discussion transcribed. Two investigators conducted a qualitative analysis using a process of thematic analysis of topics which produced themes to help provide a comprehensive review of the data.

RESULTS: All patients were in the care of the LA County Mid-Valley Comprehensive Health Center. Mean age 51, all female. The focus group rendered six main themes: 1) Utilization of the portal is of high interest, especially for medication refills and scheduling appointments, 2) Technology deficits are present, 3) Participants respond best to an invitation from their physician, 4) Participants would like the portal to contain reliable information regarding their current health issues, 5) Participants desire a way to interact with one another on the portal, and 6) Participants desire to practice using the portal while in clinic.

CONCLUSIONS: Despite technological challenges and the lack of email accounts, interest in the portal was substantial. Participants respond best to recommendations to use the portal from physicians. More focus groups will be conducted to enhance our understanding of how to engage patients and increase utilization of the portal. The patient portal represents an opportunity to improve the delivery of health care to patients with diabetes.

ABSTRACT TITLE: Substance Use Disorder (SUD) Longitudinal Curriculum: Applying the CDC guidelines

AUTHORS: Bernadette Pendergraph, MD, Diana Jochai, PhD, Gloria Sanchez, MD

AFFILIATIONS: Harbor-UCLA Family Medicine

INTRODUCTION: Substance Use Disorders remain a challenge to teach in a busy family medicine clinic. Medical school curriculum dedicated to SUD remains very low. Harbor UCLA Family Medicine serves disadvantaged populations with limited resources, significant mental health and concomitant substance use disorders. We aim to increase patients receiving medication assisted treatment (MAT) by assessing medical knowledge, comfort, and desire to learn SUD to help inform an expanded educational curriculum.

METHODS: We completed two surveys, one for patients and the other for faculty and residents. The patient survey focused on comfort speaking with their providers about SUD. Patients were also asked if they would use marijuana for medical and/or recreational purposes. Provider needs assessment was completed via an online survey Know Pain 50. It was anonymously administered via Survey Monkey to identify knowledge,

attitude, beliefs, and skill related gaps that may serve as barriers providing care to patients that suffer from SUD. Providers completed medication assessment treatment training and obtained a DATA 2000 Waiver.

RESULTS: A total of 43 patients responded to the survey from a combination of two FMC providers and Sports Medicine Clinic. Most were comfortable speaking with their provider about pain. Curiously, a majority of patients stated they would not use marijuana recreationally. Know Pain 50 was completed by over half of residents and faculty. Residents expressed lower confidence about state and federal requirements for prescribing opioids. Both faculty and residents demonstrated attitudes and beliefs that may inhibit their confidence and/or ability to care for patients with chronic nonmalignant pain and/or SUDs.

CONCLUSIONS: The patient survey and Know Pain 50 assessment provided guidance to improve our SUD curriculum, in particular certain medical knowledge and attitudinal domains. We are expanding SUD curriculum targeting these domains. We will measure providers that are treating SUD patients with MAT by 12/31/2018. Our clinic anticipates a drug medical waiver program by 2018 which we anticipate will help facilitate our curricular goals.

ABSTRACT TITLE: HIV Risk Behaviors Among Men Attending Bars in Prague, Czech Republic

AUTHORS: David Lyons, MS-IV,¹ Timothy M. Hall, MD PhD,² Petr Prokopík, PhD,³ and Steven J. Shoptaw, PhD²

AFFILIATIONS: 1 - David Geffen School of Medicine, UCLA; 2 - Dept of Family Medicine, UCLA; 3 - Charles University, Prague

INTRODUCTION: Czech Republic, like some other Central European countries, has historically had low rates of HIV infection, though rates have slowly increased since the mid-2000s especially among men who have sex with men (MSM). Prague, the capital city, has had a reputation for both heterosexual and homosexual sex tourism since the 1990s, very high per capita alcohol consumption, and has one of the largest LGBT communities in Central Europe (Hall, 2007). Condom use has historically been relatively low (Weiss & Z

METHODS: In 2011, the PI (Hall) and colleagues administered anonymous surveys of sexual behavior, alcohol and drug use, social support, and a measure of depressive symptoms, in a time-site stratified selection of 10 social venues (bars and beer gardens) in Prague: 4 explicitly gay- or LGBT-oriented and 6 non-LGBT venues. Respondents were paid 50 CZK.

RESULTS: This poster reports data on rates of HIV testing, condom use with primary or casual partners, and drug and alcohol use among MSM (n=113) and non-MSM (n=121) respondents. Data from women respondents was published previously (Stemmler, Hall, Prokopík, & Shoptaw, 2015). Recent use of cannabis, greater use of alcohol, and higher scores of depressive symptoms all predicted inconsistent condom use. We present tables showing prevalence and correlates of risk behaviors and drug and alcohol use.

CONCLUSIONS: Despite increasing rates of HIV in Czech Republic, primarily among MSM, there is little quantitative data on relevant risk behaviors, and little data as well on how MSM and non-MSM Czech men compare on these behaviors. This project addresses that gap to inform rational policy.

ABSTRACT TITLE: Inter-Professional learning and home visit experiences of trainees during Geriatric Rotation at RUHS

AUTHORS: Zaveri, MY., Vaidya, N., Mikhail, M., and Hamade, W.

AFFILIATIONS: Riverside University Health System

INTRODUCTION: A Geriatrics rotation at RUHS is a one-month rotation for current trainees. Because of the inter-professional environment of the rotation, pre-clinic and pre-home visit team huddles were introduced to provide a collaborative treatment plan for geriatric patients. This current study is being proposed to evaluate the inter-professional learning and home visit experiences of trainees during their one-month Geriatrics rotation at Riverside University Health System.

METHODS: Retrospective secondary analysis of non-randomized, cross-sectional data collected as part of rotation evaluations. Following completion of the inter-professional program (Geriatrics rotation), 40 trainees completed anonymous evaluations that were analyzed.

RESULTS: Trainees on average were able to participate in 4.025 pre-clinic huddles and 1.375 geriatric home visits during rotation. 83.8% of trainees felt that the inter-professional pre-clinic huddle experience demonstrated collaborative practice in patient care. 78.4% trainees felt that inter-professional pre-clinic huddle experiences improved their understanding of different roles/responsibilities of professionals outside their discipline. Before home visit experience, 43.6% of trainees strongly agreed that collaborative relationships among professionals are important in providing patient-centered care. After participating, this increased to 87.5%.

CONCLUSIONS: Collaborative teaching via pre-clinic huddles and home visits lead to improvement in trainee inter-professional experience. An improvement was noted through completion of evaluations. Pre-clinic huddles provided an exposure to roles/responsibilities of members, opportunity to interact with professionals, and allowed demonstration of collaborative care practice. An increase in level of confidence was noted after participating

ABSTRACT TITLE: Evaluation of a California County Hospital's Initiation of a Trial of Labor After Cesarean Program

AUTHORS: Kelada JP, Hayashi A, Khan TV, Zwolak Z

AFFILIATIONS: Ventura County Medical Center

INTRODUCTION: Expert panels suggest that patients be offered a trial of labor after cesarean section (TOLAC), noting that although there are significant risks, these risks do not outweigh the benefits when compared to elective repeat cesarean section (ERCS). Starting June 2016, Ventura County Medical Center (VCMC) began offering TOLAC to patients, and the program's success was evaluated compared to previous expectations.

METHODS: The TOLAC program's performance was reviewed retrospectively from June 2016 – July 2017, the first year of the TOLAC program. This was compared to predicted success based on a previous viability data that was reviewed retrospectively from May – September 2013.

RESULTS: From May 2013 – September 2013, there were 137 total ERCS at VCMC where all or partial data was available, 40 of which were not candidates for TOLAC. Out of the remaining 97 patients, it was estimated 78 would desire TOLAC, and 47 would be successful. An estimated 78 would have undergone TOLAC, with 47 who would have been a successful vaginal birth after cesarean (VBAC). Fifty patients attempted TOLAC from June 2016 through July 2017. Thirty six were successful, amounting to a 72% success rate. There were 14 failed TOLAC: 8 had arrest of dilation, 2 had maternal fatigue, 2 had maternal fever, 2 had fetal tachycardia, 2 had fetal distress, 1 had

CONCLUSIONS: VCMC has successfully initiated its TOLAC program, though criteria should be expanded to include more people.

ABSTRACT TITLE: Factors Which Influence Human Papillomavirus Vaccine Uptake in Los Angeles County Community Health Centers

AUTHORS: Cynthia Fambro, MD

AFFILIATIONS: Harbor UCLA Department of Family Medicine

INTRODUCTION: Each year, 4,000 women will die from cervical cancer despite existing screening methods and a vaccine that protects against high-risk subtypes of human papillomavirus. One quarter of 14-19-year-olds are infected with HPV, with the highest prevalence among low-income minority women. This study examines how age and ethnicity affect uptake of the HPV vaccine series in a cohort of urban adolescents empaneled to three academic-based primary care clinics in a safety-net healthcare system.

METHODS: Using electronic medical record data and chart abstraction, we retrospectively examined the factors associated with HPV vaccine series initiation and completion among 4,546 low-income aged 9-26 who accessed care at one of three outpatient clinics from January 1, 2017 through December 31, 2017.

RESULTS: Pending

CONCLUSIONS: Pending

MOJAVE ROOM

ABSTRACT TITLE: Disparities in the Survivorship Experience among Latina Survivors of Breast Cancer

AUTHORS: Tinuke O. Olagunju, MD, MPH (2), Yihang Liu, MD, MA, MS (3), Li-Jung Liang, PhD (6), James M. Stomber, BA, Jennifer J Griggs, MD, MPH (4), Patricia A. Ganz, MD (1,5,6), Amardeep Thind, MD, PhD (2), Rose C. Maly, MD, MSPH (1)

AFFILIATIONS: 1) David Geffen School of Medicine at UCLA; 2) Schulich Interfaculty Program in Public Health, Western University, London, ON, Canada; 3) United Health Group; 4) Department of Medicine, Division of Hematology/Oncology, School of Medicine, University of Michigan, Ann Arbor, MI; 5) Division of Cancer Prevention and Control Research, UCLA Jonson, Comprehensive Cancer Centre; 6) UCLA Fielding School of Public Health

INTRODUCTION: We investigated disparities in the survivorship experience among Latinas with breast cancer (BC) in comparison with non-Latinas.

METHODS: A cross-sectional bilingual telephone survey was conducted among 212 Latina and non-Latina women within 10-24 months after diagnosis of breast cancer (Stage 0-III) at two Los Angeles County public hospitals. Data were collected using Preparing for Life as a (New) Survivor (PLANS) Scale, Perceived Efficacy in Patient-Physician Interactions Questionnaire (PEPPI), Breast Cancer Prevention Trial (BCPT) Symptom Checklist, Satisfaction with Care and Information Scale, and the 12-item Short Form Health Survey. Controlling variables included age, education, and study site in multivariate analyses.

RESULTS: The mean ages of Latinas and non-Latinas were 51.5 and 56.6 years respectively. Compared to non-Latinas, Latinas reported less BC survivorship knowledge (27.3 vs 30.7, $P<.0001$); were more dissatisfied with BC care information (2.3 vs 3.4, $P<.0001$); reported lower PEPPI scores (38.2 vs 42.2, $P=0.03$) and experienced more BCPT symptoms (6.4 vs 5.0, $P=0.04$). No differences existed regarding their confidence in survivorship care preparedness (42.7 vs 41, $P=0.191$) or satisfaction with BC survivorship care (9.6 vs 8.8, $P=0.298$). These ethnic group differences persisted in multivariate analyses, except for PEPPI.

CONCLUSIONS: Latina BC survivors experienced disparities in BC knowledge and satisfaction with information received, but felt as prepared for survivorship, and satisfied with providers, care received and discussions with physicians as did non-Latinas. Less BC survivorship knowledge could negatively affect adherence to recommended survivorship care and lead to disparities in outcomes for Latina BC survivors.

ABSTRACT TITLE: Improving asthma care at UCLA Family Health Center: a descriptive assessment of management by primary care providers.

AUTHORS: M. Bholat, MD, MPH. A. Sepulveda MD, T.Gomez MD, J.F. Velasquez MD

AFFILIATIONS: UCLA Department of Family Medicine Santa Monica

INTRODUCTION: Studies show that 76% of patients with asthma are managed in primary care. Implementation of an asthma clinical pathway can decrease variability of care and improve health outcomes and costs. Despite this, national guideline adherence is low and uncontrolled asthma is highly prevalent. Our objective is to obtain descriptive data on patients with asthma at UCLA Family Health Center Santa Monica and subsequently develop multidisciplinary and evidenced based work flows to improve current asthma care.

METHODS: We conducted an observational study of patients with asthma at UCLA Family Health Clinic (UFHC). Patients were identified using Administrative Claims sent to MedPoint and entered into EZ-Cap System. Established diagnosis of asthma, use of inhaled corticosteroids (ICS) or patients with symptoms suggestive of asthma and prescribed a ICS were included. A total of 187 patients aged 0 to 80 years (mean [SD] age, 24 [19] years) were reviewed from January 1st 2016 to May 31st 2017. Primary outcomes included characteristics of asthma, medications and diagnostic tools used, healthcare utilization, patient education and specialist follow up.

RESULTS: 56% of our patients were pediatric (under 18 years) and 44% adults. 145 (77.5%) had their asthma classified as either intermittent, mild persistent, moderate or severe persistent. 158 (84%) had at least one asthma medication prescribed. 23 (12%) had a documented pulmonary function test result. 23 (12%) had an ED visit during this time. 27 (15%) required an absent letter for work/school. 137 (73%) had their asthma assessed during their family physician encounter. 14% of children with asthma had a diagnosis of moderate – severe persistent, but only 20% had been referred to a specialist. Only 8 (4.3%) patients had a written Asthma Action Plan.

CONCLUSIONS: In conclusion, the majority of patients with asthma are being managed exclusively by family physicians. The implementation of a multidisciplinary and systematic approach using validated tools and workflows can help improve current asthma care at UFHC. This may contribute to improve classification and treatment as well as establish an effective partnership between patient and healthcare provider.

ABSTRACT TITLE: Survey of Resident Interest in Expanding Family Planning Curriculum at Harbor UCLA Family Medicine Residency Program.

AUTHORS: Evan Kyo Tamura, MD; Karen Olmos, MD, MPH

AFFILIATIONS: Harbor UCLA Medical Center Department of Family Medicine

INTRODUCTION: Reproductive health becomes an integral part of primary care because the ability to plan pregnancy greatly impacts a woman's overall health, as well as other social determinates of health. In this way reproductive health becomes an integral part of primary care over the course of a patient's reproductive years, and ultimately impacts population health as well. This is a descriptive study to determine family medicine resident experience and comfort level with different elements of family planning.

METHODS: Family medicine residents at Harbor UCLA will be recruited via email to fill out an anonymous online survey. The survey will consist of questions relating to the type and quantity of patient encounters that residents are currently experiencing; how adequate residents feel that their training in family planning has been; as well as limited demographic information about study participants to better understand whether resident responses are influenced by year of training or future career aspirations.

RESULTS: pending

CONCLUSIONS: Because of the breadth of practice within Family Medicine, a challenge arises when considering curriculum reform in family medicine training. We hope that this survey will demonstrate how Harbor residents feel about the role of family planning training within family medicine curriculum, and also whether or not that correlates with the kind of practice they see themselves pursuing.

ABSTRACT TITLE: Adverse Effects of Nortriptyline and Paroxetine Compared to Alternative Agents in Elderly Population

AUTHORS: Cristella Torres, MD, Nichole Koshi RPh, Monique George, MD, Robert Deamer, BCPS

AFFILIATIONS: Kaiser Permanente Woodland Hills Family Medicine Department, Kaiser Permanente Woodland Hills Pharmacy Department

INTRODUCTION: 20% of adults over 60 suffer from a mental or neurological disorder according to the World Health Organization; most commonly depression, dementia, anxiety, and pain. Multiple studies show psychiatric illness and pain are under-reported and under-treated in geriatrics. A limiting factor may be lack of

therapeutic options. Nortriptyline and Paroxetine were added to the BEERS list in 2012 based on limited evidence. This study explores if either medication is safe in geriatric patients.

METHODS: Data only retrospective cohort study of Kaiser Permanente Southern California EMR from 1/1/2007–12/31/2016 collected by ICD9/10 codes. Members included are 65+; have a diagnosis of neuropathic pain, depression, or anxiety disorder; treated with Nortriptyline or Paroxetine. Non-ambulatory; end stage of life; baseline cognitive disorders; or taking more than one therapeutic agent or both study drugs concomitantly are excluded. Adverse outcomes of falls, fractures, syncope, and dementia analyzed with cox proportional hazard model and compared to adverse events of alternative treatment agents.

RESULTS: Data currently being compiled. Preliminary sample size based on inclusion and exclusion criteria include 100,000 patients in the Nortriptyline group and 37,000 patients in the paroxetine group, which is sufficient to detect a 7% difference in outcomes between groups (n of 3000 needed for 80% power, alpha 0.05).

CONCLUSIONS: Pending final results

ABSTRACT TITLE: Unusual Occurrence Reports with Lab Errors in the Family Medicine Clinic

AUTHORS: Huy Ngaou MD MPH, Monique George MD, and Jose Garcia MD

AFFILIATIONS: Kaiser Permanente Woodland Hills Department of Family Medicine

INTRODUCTION: Physicians in the family medicine clinic collect multiple clinic specimens daily. For the lab to process the study, the proper media selection, sample collection, labeling, handling, and submission are all required. In Kaiser Woodland Hills, the lab records every rejected lab study as unusual occurrence report (UOR). The family medicine department has one of the highest UOR rates. Failure to complete these studies can adversely affect patient care, increase costs, and decrease patient satisfaction.

METHODS: To address the causes of lab submission errors, an intervention was implemented to include all parties involved. The lab director, lab technicians, medical assistants, nurses, residents and physicians were interviewed to assess their concerns. Input from all parties were incorporated into the intervention and the rates of UORs were compared before and after the implementation. The intervention consisted of a presentation on the issues causing lab errors, a handout to correct those errors and a discussion on what can be done to improve our UOR rates at medial assistant, physician and resident monthly meetings.

RESULTS: The results of the intervention program showed initial promise with reduced rates of UORs in the first few months after the intervention but the effect waned near the end of the 6 months period after the intervention program. Overall the total number of UORs was similar in the 6 month period before the intervention and the 6 month period after the intervention, totaling 9 during each 6 month period.

CONCLUSIONS: Performing a single intervention did not improve the overall rates of UORs when comparing the pre and post intervention periods. There was an initial improvement in UOR rates but it is unclear if this was due to the intervention or due to variance or standard error since the total numbers of UORs were low. Future efforts with more frequent interventions over a longer period of time would likely improve the lab error rate.

ABSTRACT TITLE: A Novel Curriculum in Personal Finance for Medical Residents

AUTHORS: Heather M Nennig, MD and Ian Wallace, MD

AFFILIATIONS: Ventura County Medical Center

INTRODUCTION: Physicians notoriously struggle with personal finance and therefore are subject to numerous, often costly, financial missteps throughout their careers. Despite this, a vast majority of medical schools and graduate medical education programs have little or no formal training in personal finance, investing, asset protection, or insurance coverage.

METHODS: Using well-respected print and online personal finance materials, a twelve-part oral talk series was formulated and presented to my residency colleagues over the course of ten months.

RESULTS: By the conclusion of the series, a strong foundation of financial knowledge was laid including the basics of personal finance, debt management, retirement planning, investing, asset protection, and disability insurance coverage.

CONCLUSIONS: Further study is needed to evaluate the educational and future financial impact of this novel curriculum.

CASE REPORT TITLE: An atypical presentation of rash and lower extremity weakness: Cancer-associated Dermatomyositis

AUTHORS: Nicole Syed, MD and Arjun Kumar, MD

AFFILIATIONS: Riverside University Health System

ABSTRACT / INTRODUCTION: Cancer and inflammatory myopathy have been associated since 1916 when cases reports linking gastric cancer and polymyositis were first published. Further studies have elucidated a stronger association between cancer and dermatomyositis (DM) as DM may increase the likelihood of developing cancer by six fold.

CASE REPORT (METHODS / RESULTS): The authors present a 46 year old female with poorly controlled type 2 diabetes who presented to the emergency department with generalized body aches and a discoid rash for five days. Lab findings were remarkable for elevated liver enzymes and a CK of 19,000. MRI of the lower extremities revealed symmetric bilateral intramuscular edema at the proximal head of the gastrocnemius, concerning for diabetic myonecrosis. Punch biopsy of discoid rash demonstrated non-specific autoimmune disease and a muscle biopsy established scattered fiber necrosis clearly myopathic but with an unclear etiology. An Oklahoma myositis panel revealed anti- NXP-2 antibodies. Weeks later, she presented with dysphagia but an EGD showed no abnormalities. Patient was recently admitted to the ICU for acute pulmonary embolism with unknown etiology, although her current cancer workup has been negative to date. Currently, she is being treated with steroids, monthly IVIG and Azathioprine with her weakness improved.

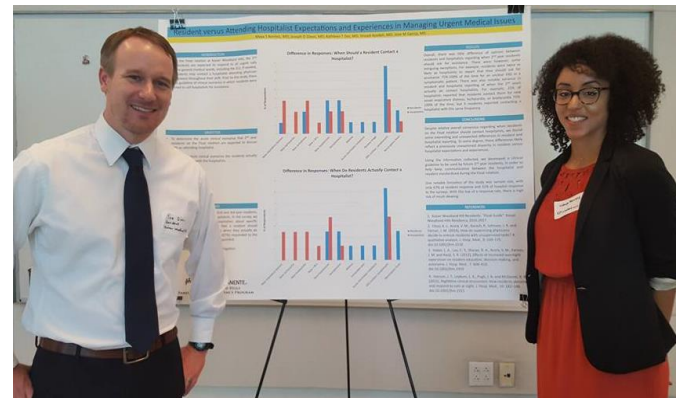
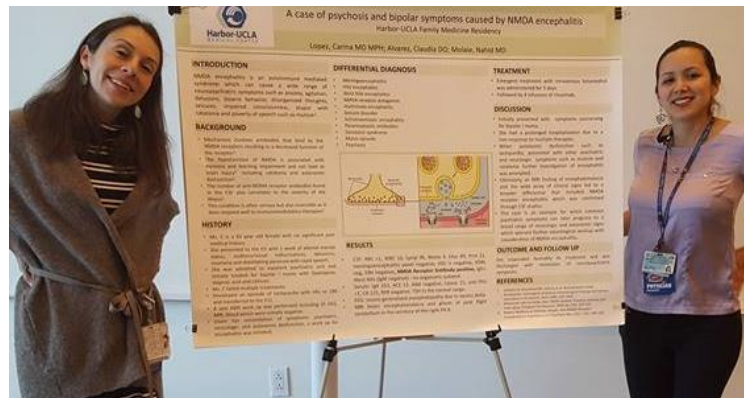
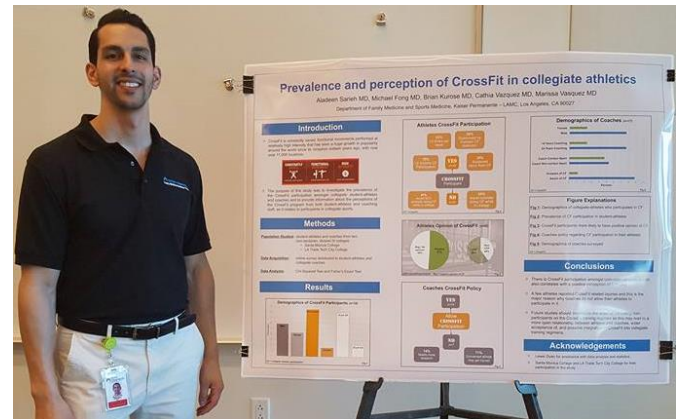
DISCUSSION/CLINICAL SIGNIFICANCE: The aim of this case report is to highlight a poorly understood disease process with a strong correlation to cancer. In patients presenting with DM, it may be reasonable to screen for one of three antibodies that may indicate cancer- associated DM. In addition, although this patient's workup has been negative, she is still at higher risk of developing cancer and should therefore have regular follow up and appropriate screening.

NOTES

- Please add your name to the gift card drawing, which will be held at the end of today's event, for a chance to win one of three \$25 gift cards to Starbucks, Target, or Amazon. You must be present to claim the prize, so please stay until the end of the event!
- We encourage all attendees to complete an evaluation of the event so that we can assess its success and identify areas of improvement for future years. You can obtain an evaluation form at the registration desk. Please submit completed forms by dropping them in the labeled box at the registration desk.
- If you have any questions, comments, or concerns, please feel free to contact the committee directly at FMResearchDay@mednet.ucla.edu.



PHOTOS FROM 2017 EVENT



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